

PN 4,868,112 Fee Code 111 Amount \$1,120.00 INTERFERENCE

PATENT

Atty. Docket No.: 01142.0130

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re U.S. Patent No. 4,868,112 )

Issued: September 19, 1989 )

To: John J. Toole, Jr. )

Assignee: Genetics Institute, Inc. )

For: NOVEL PROCOAGULANT )  
PROTEINS )

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BOX PATENT EXT.

Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

APPLICATION FOR EXTENSION OF PATENT  
TERM UNDER 35 U.S.C. § 156

Your Applicant, Genetics Institute, Inc., represents that it is the Assignee of the entire interest in and to Letters Patent of the United States No. 4,868,112 granted to John J. Toole, Jr. on the 19th day of September, 1989, for NOVEL PROCOAGULANT PROTEINS, by virtue of an assignment in favor of Genetics Institute, Inc. This assignment was recorded at the U.S. Patent and Trademark Office on Reel 4670, at frame 383, on December 9, 1986 (Attachment A).

By the Power of Attorney enclosed herein (Attachment B) Applicant appoints attorneys of Finnegan, Henderson, Farabow, Garrett & Dunner, L.L.P., including Steven P. O'Connor, as attorney for Genetics Institute with regard to this application for

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& DUNNER, L.L.P.  
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WASHINGTON, D. C. 20005  
202-408-4000

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extension of the term of U.S. Patent No. 4,868,112 and to transact all business in the U.S. Patent and Trademark Office in connection therewith.

Applicant hereby submits this application for extension of the patent term under 35 U.S.C. § 156 by providing the following information required by the rules promulgated by the U.S. Patent and Trademark Office (37 C.F.R. § 1.740). For the convenience of the Patent and Trademark Office, the information contained in this application is presented in a format that follows the requirements of Section 1.740 of Title 37 of the Code of Federal Regulations.

(1) The approved product, ReFacto<sup>®</sup>, is an antihemophilic factor for use in therapy for factor VIII deficiency comprising a purified protein produced by recombinant DNA technology. The formulation including ReFacto<sup>®</sup> is a sterile, nonpyrogenic, lyophilized preparation that contains a glycoprotein with an approximate molecular mass of 170 kDa consisting of 1438 amino acids comparable to the 90 + 80 kDa form of factor VIII.

(2) The approved product was subject to regulatory review under the Federal Food, Drug, and Cosmetic Act Section 505.

(3) The approved product ReFacto<sup>®</sup> received permission for commercial marketing or use under Section 505 of the Federal Food, Drug, and Cosmetic Act on March 6, 2000.

(4) The active ingredient in ReFacto<sup>®</sup> is a recombinant glycoprotein with an approximate molecular mass of 170 kDa consisting of 1438 amino acids comparable to the 90 + 80 kDa form of factor VIII, which, on information and belief, has not been

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approved for commercial marketing or use under Section 505 of the Federal Food, Drug, and Cosmetic Act before the approval of BLA 98-0137 for ReFacto® by the Food and Drug Administration on March 6, 2000. A copy of the insert describing the approved product is attached (Attachment C).

(5) This application for extension of patent term under 35 U.S.C. § 156 is being submitted within the 60-day period pursuant to 37 C.F.R. § 1.720(f), said period will expire on May 4, 2000.

(6) The complete identification of the patent for which a term extension is being sought is as follows:

Inventor: John J. Toole, Jr.

Patent No.: 4,868,112

Issue Date: September 19, 1989

Expiration Date: September 19, 2006.

(7) A true copy of the patent is attached (Attachment D).

(8) No terminal disclaimer or reexamination certificate has been issued on this patent. A certificate of correction dated November 3, 1992, is attached (Attachment E). In addition, a copy of the maintenance fee statement indicating payment of maintenance fees on March 15, 1993, and March 19, 1997, is attached (Attachment F).

(9) U.S. Patent No. 4,868,112 claims a method of making the active ingredient in the approved product in claim 9, and the active ingredient in the approved product in claim 10. Claims 9 and 10 claim the active ingredient in ReFacto® as follows:

9. A method for producing a truncated Factor VIII:C protein which is an active procoagulant having the amino acid sequence of human Factor VIII:C but lacking at least 581 amino acids of the region between

Arg-759 and Ser-1709 which comprises producing a genetically engineered mammalian host cell of claim 5 and culturing said host cell under condition permitting expression of the protein.

Claim 9 reads on the method of making the active ingredient in ReFacto® since it reads on a method of producing an active procoagulant having the amino acid sequence of human Factor VIII:C, but lacking amino acids 760-1667, by genetically engineering a Chinese hamster ovary (CHO) cell line and culturing that cell line such that it secretes B-domain deleted recombinant Factor VIII into the culture medium.

10. A truncated human Factor VIII:C protein which is an active procoagulant protein having a peptide sequence of human Factor VIII:C but lacking a peptide region selected from the group consisting of:

- (a) the region between Pro-1000 and Asp-1582;
- (b) the region between Thr-778 and Pro-1659; and
- (c) the region between Thr-778 and Glu-1694.

Claim 10 reads on the active ingredient in ReFacto® since it reads on an active procoagulant having the amino acid sequence of human Factor VIII:C, but lacking amino acids 760-1667.

(10) The relevant dates and information pursuant to 35 U.S.C. § 156(g) to enable the Secretary of Health and Human Services to determine the applicable regulatory review period are as follows:

Investigational New Drug Application (BB-IND 5348) for ReFacto<sup>®</sup> was filed November 30, 1993, and became effective on March 14, 1994, following removal of a clinical hold.

Biological License Application for ReFacto<sup>®</sup> (98-0137) was submitted on February 2, 1998.

Biological License Application for ReFacto<sup>®</sup> was approved on March 6, 2000.

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(11) A brief description of the significant activities undertaken by the marketing applicant and its collaborative partner during the applicable regulatory review period with respect to ReFacto® and the dates applicable to these significant activities are set forth in a chronology of events in Attachment G.

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(12)(I) Applicant is of the opinion that U.S. Patent 4,868,112 is eligible for extension of the patent term under 35 U.S.C. § 156 because it satisfies all requirements for such extension as follows:

(a) 35 U.S.C. § 156(a) - U.S. Patent 4,868,112 claims the product ReFacto®.

(b) 35 U.S.C. § 156(a)(1) - U.S. Patent 4,868,112 has not expired before submission of this application.

(c) 35 U.S.C. § 156(a)(2) - The term of U.S. Patent 4,868,112 has never been extended under 35 U.S.C. § 156(e)(1).

(d) 35 U.S.C. § 156(a)(3) - The application for extension is submitted by the owner of record of the patent in accordance with the requirements of paragraphs (1) through (4) of 35 U.S.C. § 156(d) and the rules of the Patent and Trademark Office.

(e) 35 U.S.C. § 156(a)(4) - The product ReFacto® has been subjected to a regulatory review period before its commercial marketing or use.

(f) 35 U.S.C. § 156(a)(5)(A) - The commercial marketing or use of the product ReFacto® after the regulatory review period is the first permitted commercial marketing or use under the provision of the Federal Food, Drug and Cosmetic Act (that is, Section 505) under which such regulatory review period occurred.

(g) 35 U.S.C. § 156(c)(4) - No other patent has been extended for the same regulatory review period for the product ReFacto®.

(12)(ii) The length of the extension of patent term of U.S. Patent 4,868,112 claimed by Applicant is that period authorized by 35 U.S.C. § 156(c) which has been

calculated to be 1475 days. The length of the extension was determined pursuant to 37 C.F.R. § 1.775 as follows:

(a) The regulatory review period under 35 U.S.C. § 156(g)(1)(B) began on March 14, 1994, and ended March 6, 2000, which is a total of 2186 days, which is the sum of (1) and (2) below:

(1) The period of review under 35 U.S.C. § 156(g)(1)(B)(I), the "Testing Period", began on March 14, 1994, and ended on February 2, 1998, which is 1422 days; and

(2) The period of review under 35 U.S.C. § 156(g)(1)(B)(ii), the "Approval Period", began on February 2, 1998, and ended on March 6, 2000, which is a total of 764 days.

(b) The regulatory review period upon which the period of extension is calculated is the entire regulatory review period as determined in subparagraph 12(ii)(a) above (2186 days) less:

(1) The number of days in the regulatory review period which were on or before the date on which the patent issued (September 19, 1989) which is zero (0) days; and

(2) The number of days during which applicant did not act with due diligence, which is zero (0) days; and

(3) One-half the number of days determined in sub-paragraph (12)(ii)(a)(1) above after the patent issued (one-half of 1422 days) which is 711 days;



(c) The number of days as determined in sub-paragraph (12)(ii)(b) (1475 days) when added to the expiration date of the original term of the patent (September 19, 2006) would result in the date of October 3, 2010.

(d) Fourteen (14) years when added to the date of the BLA approval (March 6, 2000) would result in the date of March 6, 2014;

(e) The earlier date as determined in sub-paragraphs (12)(ii)(c) and (12)(ii)(d) is October 3, 2010;

(f) Since U.S. Patent 4,868,112 issued after September 24, 1984, the period of extension may not exceed five years from the original expiration date of September 19, 2006. Five years when added to the original expiration date of the patent would result in the date of September 19, 2011.

(g) The earlier date as determined by sub-paragraphs (12)(ii)(e) and (12)(ii)(f) is October, 3, 2010.

(13) Applicant acknowledges a duty to disclose to the Commissioner of Patents and Trademarks and the Secretary of Health and Human Services any information which is material to the determination of entitlement to the extension sought.

While Applicant does not consider the information to be material to the determination of entitlement to the extension sought, it points out that U.S. Patent No. 4,868,112 is currently the subject of interference no. 103,215. Claim 9 is designated as corresponding to count 1 of this interference, while claim 10 is designated as corresponding to count 2.

(14) The prescribed fee for receiving and acting upon this application is attached as a check in the amount of \$1,120.00. The Commissioner is authorized to charge any additional fees required by this application to Deposit Account No. 06-0916.

(15) All correspondence and inquiries may be direct to the undersigned, whose address, telephone number, and fax number are as follows:

Steven P. O'Connor  
Finnegan, Henderson, Farabow,  
Garrett & Dunner, L.L.P.  
1300 I Street, N.W.  
Washington, D.C. 20005-3315


Phone: 202-408-4079  
Fax: 202-408-4400

(16) Enclosed is a certification that the application for extension of patent term under 35 U.S.C. § 156 including its attachments and supporting papers is being submitted as one original and four (4) copies thereof (Attachment H).

(17) The requisite declaration pursuant to 37 C.F.R. § 1.740(b) is attached (Attachment I).

Respectfully submitted,

FINNEGAN, HENDERSON, FARABOW,  
GARRETT & DUNNER, L.L.P.

By:   
Steven P. O'Connor  
Reg. No. 41,225

Date: May 4, 2000

Attachments:

Assignment (Attachment A)

Power of Attorney (Attachment B)

Package Insert for ReFacto® (Attachment C)

U.S. Patent No. 4,868,112 (Attachment D)

Copy of Certificate of Correction (Attachment E)

Copy of Maintenance Fee Statement (Attachment F)

Chronology of Regulatory Review Period (Attachment G)

Certification of Copies of Application Papers (Attachment H)

Declaration Pursuant to 37 C.F.R. § 1.740(b) (Attachment I)

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WASHINGTON, DC 20005  
202-408-4000

PAGE: 1

PATENT NUMBER: 4868112  
SERIAL NUMBER: 07/010085  
PCT NUMBER: PCT/US86/00774  
TITLE: NOVEL PROCOAGULANT PROTEINS  
APPLICANT: TOOLE, JOHN J. JR.

ISSUE DATE: 09/19/89  
FILING DATE: 04/11/86  
PCT DATE: 04/11/86

REEL: 004670 FRAME: 0383 DATE RECORDED: 12/09/86 NUMBER OF PAGES: 002  
ASSIGNOR: TOOLE, JOHN J. JR.

EXC DATE: 04/10/86

ASSIGNEE: GENETICS INSTITUTE, INC., 87 CAMBRIDGE PARK DRIVE, MASSACHUSETTS  
A CORP. OF DE.

BRIEF: ASSIGNMENT OF ASSIGNORS INTEREST.

RETURN ADDRESS: DAVID L. BERSTEIN  
C/O GENETICS INSTITUTE, INC.  
87 CAMBRIDGE PARK DRIVE  
CAMBRIDGE, MA 02140-2387

NO MORE INFORMATION FOR THIS PATENT NUMBER 04/27/00 15:32

# Assignment

In consideration of good and valuable considerations, the receipt of which is hereby acknowledged, I, the undersigned,

John J. Toole, Jr., residing at  
27 Lakeville Road, Jamaica Plain, Massachusetts 02140

Hereby sell, assign and transfer to Genetics Institute, Inc.

a corporation of the State of  
Delaware having a place of business at 87 CambridgePark Drive,  
Cambridge in the County of Middlesex and State of Massachusetts  
its successors, assigns and legal representatives, the entire right, title and interest  
for all countries, in and to any and all inventions which are disclosed and claimed,  
and any and all inventions which are disclosed but not claimed, in the application for  
United States Patent, which has been executed by the undersigned on 10 April 1986  
and is entitled

NOVEL PROCOAGULANT PROTEINS

( a continuation-in-part of U.S. Serial No. 725,350 filed April 12, 1985)

and in and to said application and all divisional, continuing, substitute, renewal,  
reissue, and all other applications for U.S. Letters Patent or other related property  
rights in any and all foreign countries which have been or shall be filed on any of  
said inventions disclosed in said application; and in and to all original and reissued  
patents or related foreign documents which have been or shall be issued on said  
inventions;

Authorize and request the Commissioner of Patents of the United States to issue  
to said Assignee, the corporation above named, its successors, assigns and legal  
representatives, in accordance with this assignment, any and all United States  
Letters Patent on said inventions or any of them disclosed in said application;

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REEL 4670 FRAME 384

Agree that said Assignee may apply for and receive foreign Letters Patent or rights of any other kind for said inventions, or any of them; and may claim, in applications for said foreign Letters Patent or other rights, the priority of the aforesaid United States patent application under the provisions of the International Convention of 1883 and later modifications thereof, under the Patent Cooperation Treaty, under the European Patent Convention or under any other available international agreement; and that, when requested, without charge to, but at the expense of, said Assignee, its successors, assigns and legal representatives, to carry out in good faith the intent and purpose of this assignment, the undersigned or the undersigned's executors or administrators will, for the United States and all foreign countries, execute all divisional, continuing, substitute, renewal, reissue, and all other patent applications or other documents on any and all said inventions; execute all rightful oaths, assignments, powers of attorney and other papers; communicate to said Assignee, its successors, assigns and representatives, all facts known and documents available to the undersigned relating to said inventions and the history thereof; testify in all legal proceedings; and generally do everything possible which said Assignee, its successors, assigns or representatives shall consider desirable for aiding in securing, maintaining and enforcing proper patent protection for said inventions and for vesting title to said inventions and all applications for patents or related foreign rights and all patents on said inventions, in said Assignee, its successors, assigns and legal representatives; and

**Covenant** with said Assignee, its successors, assigns and legal representatives that no assignment, grant, mortgage, license or other agreement affecting the rights and property herein conveyed has been made to others by the undersigned, and that full right to convey the same as herein expressed is possessed by the undersigned.

John J. Toole, Jr. [L.S.]  
John J. Toole, Jr.

Before me this 10<sup>th</sup> day of April, 1986 personally appeared John J. Toole, Jr. who is known to me personally, and acknowledged the foregoing instrument of assignment to be his free act and deed.

*Teresa Weil*

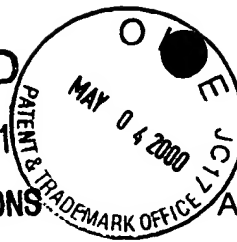
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*Admitted to Practice*

DEC 19 1985

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OFFICE OF PETITIONS



PATENT  
Atty. Docket No.: 01142.0130

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re U.S. Patent No. 4,868,112 )  
)  
Issued: September 19, 1989 )  
)  
To: John J. Toole, Jr. )  
)  
Assignee: Genetics Institute, Inc. )  
)  
For: NOVEL PROCOAGULANT )  
PROTEINS )

**BOX PATENT EXT.**  
**Assistant Commissioner for Patents**  
**Washington, D.C. 20231**

Sir:

**POWER OF ATTORNEY**

Genetics Institute, Inc., is the Assignee of the entire right, title, and interest in the patent identified above by virtue of an assignment recorded in the Patent and Trademark Office at Reel 4670, at frame 383, on December 9, 1986

Assignee, Genetics Institute, Inc., being the owner of the above-identified U.S. Letters Patent, hereby grants power of attorney to **FINNEGAN, HENDERSON, FARABOW, GARRETT & DUNNER, L.L.P.**, Douglas B. Henderson, Reg. No. 20,291; Ford F. Farabow, Jr., Reg. No. 20,630; Arthur S. Garrett, Reg. No. 20,338; Donald R. Dunner, Reg. No. 19,073; Brian G. Brunsvold, Reg. No. 22,593; Tipton D. Jennings, IV, Reg. No. 20,645; Jerry D. Voight, Reg. No. 23,020; Laurence R. Hefter, Reg. No. 20,827; Kenneth E. Payne, Reg. No. 23,098; Herbert H. Mintz, Reg. No. 26,691; C.

Larry O'Rourke, Reg. No. 26,014; Albert J. Santorelli, Reg. No. 22,610; Michael C. Elmer, Reg. No. 25,857; Richard H. Smith, Reg. No. 20,609; Stephen L. Peterson, Reg. No. 26,325; John M. Romary, Reg. No. 26,331; Bruce C. Zotter, Reg. No. 27,680; Dennis P. O'Reilley, Reg. No. 27,932; Allen M. Sokal, Reg. No. 26,695; Robert D. Bajefsky, Reg. No. 25,387; Richard L. Stroup, Reg. No. 28,478; David W. Hill, Reg. No. 28,220; Thomas L. Irving, Reg. No. 28,619; Charles E. Lipsey, Reg. No. 28,165; Thomas W. Winland, Reg. No. 27,605; Basil J. Lewris, Reg. No. 28,818; Martin I. Fuchs, Reg. No. 28,508; E. Robert Yoches, Reg. No. 30,120; Barry W. Graham, Reg. No. 29,924; Susan Haberman Griffen, Reg. No. 30,907; Richard B. Racine, Reg. No. 30,415; Thomas H. Jenkins, Reg. No. 30,857; Robert E. Converse, Jr., Reg. No. 27,432; Clair X. Mullen, Jr., Reg. No. 20,348; Christopher P. Foley, Reg. No. 31,354; John C. Paul, Reg. No. 30,413; Roger D. Taylor, Reg. No. 28,992; David M. Kelly, Reg. No. 30,953; Kenneth J. Meyers, Reg. No. 25,146; Carol P. Einaudi, Reg. No. 32,220; Walter Y. Boyd, Jr., Reg. No. 31,738; Steven M. Anzalone, Reg. No. 32,095; Jean B. Fordis, Reg. No. 32,984; Barbara C. McCurdy, Reg. No. 32,120; James K. Hammond, Reg. No. 31,964; Richard V. Burgujian, Reg. No. 31,744; J. Michael Jakes, Reg. No. 32,824; Thomas W. Banks, Reg. No. 32,719; Christopher P. Isaac, Reg. No. 32,616; Bryan C. Diner, Reg. No. 32,409; M. Paul Barker, Reg. No. 32,013; Andrew Chanhon Sonu, Reg. No. 33,457; David S. Forman, Reg. No. 33,694; Vincent P. Kovalick, Reg. No. 32,867; James W. Edmondson, Reg. No. 33,871; Michael R. McGurk, Reg. No. 32,045; Joann M. Neth, Reg. No. 36,363; Gerson S. Panitch, Reg. No. 33,751; Cheri M. Taylor, Reg. No. 33,216; Charles E. Van Horn, Reg. No. 40,266; Linda A. Wadler, Reg.




No. 33,218; Jeffrey A. Berkowitz, Reg. No. 36,743; Michael R. Kelly, Reg. No. 33,921; and James B. Monroe, Reg. No. 33,971; and Steven P. O'Connor, Reg. No. 41,225, both jointly and separately to be attorneys for Genetics Institute with regard to an application for extension of the term of U.S. Patent No. 4,868,112 and to transact all business in the Patent and Trademark Office connected therewith.

The undersigned is empowered to act on behalf of the Assignee.

Please send all future correspondence concerning the above matter to Finnegan, Henderson, Farabow, Garrett & Dunner, L.L.P., at the following address:

Finnegan, Henderson, Farabow,  
Garrett & Dunner, L.L.P.  
1300 I Street, N.W.  
Washington, D.C. 20005-3315

GENETICS INSTITUTE, INC.

  
By: Barbara A. Gyure, Esq.  
Assistant Secretary  
Reg. No. 34,614

Date: May 2, 2000

### Antileukemophilic factor, Recombinant

Ref-1 is produced by a genetically engineered Chinese hamster ovary (CHO) cell line that secretes B-lymphocyte-derived recombinant Factor VIII into a defined cell culture medium that contains human serum albumin and recombinant heparin, but does not contain any proteins derived from animal sources. This protein is produced by a highly efficient production process that yields a highly-pure active product. The purity of the protein is determined using the European Pharmacopoeia chromatographic assay against the WHO standard. The specific activity of Ref-1 is 1,120,015,500 IU per milligram of protein. Ref-1 is not purified from human blood and contains no potential contaminants or added human components in the final formulation.

**CLINICAL PHARMACOLOGY**  
Factor VIII is the specific clotting factor deficient in patients with hemophilia A (classical hemophilia). The administration of Factor VIII Antihemophilic Factor (Recombinate) increases plasma levels of factor VIII activity and can temporarily correct the *in vitro* coagulation defect in these patients.

Activated factor VIII acts as a cofactor for activated factor IX accelerating the conversion of factor X to activated factor X. Activated factor X converts prothrombin into thrombin. Thrombin then converts fibrinogen into fibrin and a clot is formed. Factor VIII activity is greatly reduced in patients with hemophilia A and therefore replacement therapy is necessary.

In a cross-sectional pharmacokinetic study of eighteen (18) previously treated patients using the chromatographic assay, the circulating concentration of RetA was  $1.4 \pm 5.3$  units (ranged from 7.6–27.1 units), which was not statistically significantly different from the mean value of  $1.3 \pm 3.4$  units (ranged from 0.7–10.1 units) obtained in the same assay. Mean incremental recovery (X-value of RetA to plasma) was  $2.4 \pm 0.4$  U/mL per U/LG (ranged from 1.9–3.3 U/mL per U/LG). This was comparable to the mean incremental recovery observed in plasma for GdDTPA which was  $2.3 \pm 0.3$  U/mL per U/LG (ranged from 1.7–2.8 U/mL per U/LG). The results of this laboratory for the analysis of x-ray contrast agents are similar to the one-stage factor VII clotting assay results which were approximately 50% of the values obtained with the chromatographic assay.

In two additional clinical studies, pharmacokinetic parameters were evaluated for previously treated patients (PPTs) and previously untreated patients (PUPs). In PPTs ( $n=87$ ), Rifapin had a mean incremental recovery of  $2.4 \pm 0.4$   $\mu\text{L/g}$  per  $\mu\text{g/L}$  (ranged from 1.1 to 3.8  $\mu\text{L/g}$  per  $\mu\text{g/L}$ ) and an elimination half-life (mean  $\pm$  SD) of  $10.7 \pm 1.8$  hours. In PUPs ( $n=45$ ) Rifapin had a lower mean incremental recovery of  $1.1 \pm 0.4$   $\mu\text{L/g}$  per  $\mu\text{g/L}$  (ranged from 0.2 to 2.8  $\mu\text{L/g}$  per  $\mu\text{g/L}$ ) as compared to PPTs. Population pharmacokinetic modeling using data from 44 PUPs led to a mean estimated half-life of Rifapin in PUPs of  $8.0 \pm 2.2$  hours. These parameters did not change over time (12 months) for PTPs or PUPs.

In clinical studies of RefAco involving a total of 218 patients (117 P1Ps, including 4 who participated in the surgery study only, and 101 PUPs), more than 84 million IU were administered over a period of up to 34 months. The 117 P1Ps were given a median of 2200 injections (range of 4–1550 injections) over a median of 1200 days (range of 31–1840 days). The 101 PUPs were given a median of 26 injections (range of 1–430 injections) over a median of 830 days (range of 1–1258 days). One hundred thirteen P1Ps and 99 PUPs were evaluated for efficacy in bleeding episodes. The 117

Randomized trials comparing the efficacy of PGP in uncontrolled clinical trials, an average dose of 57.2 mg U/kg in PGP (n=77) and an average dose of 51.20 mg U/kg in PPGs (n=17) was given repeatedly at variable intervals longer than 2 weeks. In 64 patients who had both on-demand and prophylactic periods during their time on study, the mean rate of spontaneous musculoskeletal bleeding episodes was less during periods of routine prophylaxis than during periods of on-demand therapy. The mean rate of musculoskeletal bleeding episodes per year during the prophylactic periods compared with the on-demand periods was 0.23 episodes per year during the on-demand periods and 0.04 episodes per year during the prophylactic periods. The clinical trial in PGP is limited (n=17) (Table 1). These non-randomized trials exercise should be interpreted with caution, as the investigators exercised their own discretion in initiating when and in whom prophylaxis was to be initiated and terminated.

Management of hemostasis was evaluated in the surgical setting where 28 surgical procedures have been performed in 25 patients. The average preoperative dose in PPR was 59 U/kg. Procedures included orthopedic procedures, inguinal hernia repair, epidural anesthesia evaluation, transposition of the ureter, and other minor hemostatic evaluation. Various access catheter placement and procedures (e.g., venous access catheter placement and epidural catheter placement). Clotting factor VIIa has been indicated to restore normal hemostasis in patients with bleeding. The one-stage clotting assay was used most frequently in the surgical setting (24 versus 4 surgeries). Hemostasis was maintained throughout the surgical period regardless of which assay was used. Hemostatic efficacy was rated as excellent or good in all procedures.

The occurrence of neutralising antibody (inhibitors) is well known phenomenon in the treatment of patients with leukaemia  $A_{101}$ . Thirty out of 101 (69%) patients (pts) developed an inhibitor. 16 out of 101 (66%) with  $A_{101}$  (66%) had high titres (> 5 BU) (11 of the 16 patients had peak values with a titer > 10 BU) and 14 out of 101 (14%) with a low titer (< 5 BU). In this study, the incidence of inhibitor development to factor VIII using Repatec<sup>®</sup> is similar to that reported for other factor VIII products.<sup>11</sup>

One of 113 (7%) patients developed a low titer inhibitor after 1027 days (9.3%) exposure to Repatec<sup>®</sup>. In this study the incidence of inhibitor development to factor VIII using Repatec<sup>®</sup> is similar to that reported for other factor VIII products.<sup>11</sup>

**INDICATIONS AND USAGE**  
**ReFactor<sup>®</sup> Antihemophilic Factor (Recombinant)** is indicated for the control and prevention of hemorrhagic episodes and for surgical prophylaxis in patients with hemophilia A (congenital factor VIII deficiency or classic hemophilia).

ReFactor is indicated for short-term routine prophylaxis to reduce the frequency of spontaneous bleeding episodes. The effect on long-term prophylaxis on long-term morbidity and mortality is not known.

Rebato can be of a significant therapeutic value for treatment of hemophilia A in certain patients with inhibitors to factor VIII\*. In clinical studies of Rebato, patients who developed inhibitors on study continued to manifest a clinical response when inhibitors titers were < 10 BU/mL. When an inhibitor is present, the dosage requirement of factor VIII is variable. The dosage can be determined only by a clinical response and by monitoring of inhibitor titer. Rebato should be administered after treatment (see DOSAGE AND ADMINISTRATION).

Refecto does not contain von Willebrand factor and therefore is not indicated in von Willebrand's disease.

**CONTRAINDICATIONS**

Known hypersensitivity to mouse, hamster, or bovine proteins may be a contraindication to the use of Refecto® Antithrombotic Factor (recombinant).

## WARNINGS

As with any intravenous protein product, allergic type hypersensitivity reactions are possible. Patients should be informed of the early signs of hypersensitivity reactions including, hives, generalized urticaria, lightness of the chest, wheezing, hypotension, and anaphylaxis. Patients should be advised to discontinue use of the product and contact their physicians if these symptoms occur.

## Generali

**Formation of Antibodies to Mouses and Ratlet Protein.** As antihaemophilic factor (Recombiant), *ReFecto* controls trace amounts of mouse protein (maximum of 100 ng/1000 U) and hamster protein (maximum of 30 ng/1000 U), the female possibly exists in the patients treated with this product, may develop hypersensitivity to these non-human mammalian proteins.

**Carcinogenicity, Mutagenicity, Impairment of Fertility.** Antihaemophilic factor (Recombiant) has been shown to be nonmutagenic in the mouse micronucleus assay. No other mutagenicity studies and no investigations on carcinogenesis or impairment of fertility have been conducted.

**Pregnancy Category C** Animal reproduction and lactation studies have not been conducted with Refecto®. Antineoplastic Factor (Recombinant). It is not known whether Refecto can affect reproductive capacity or cause fetal harm when given to pregnant women. Refecto should be administered to pregnant and lactating women only if clearly indicated.

**Pediatric Use:** Reticav® Antithrombotic Factor (Recombinant) is appropriate for use in children of all ages, including newborns. Safety and efficacy studies have been performed both in previously treated children and adolescents (N=22, ages 8-15 years) and in previously untreated neonates, infants, and children (N=101, ages 0-52 months) (see CLINICAL PHARMACOLOGY and PRECAUTIONS).

**Geriatric Use**  
Clinical studies of Refracto did not include sufficient numbers of subjects aged 65 and over to determine whether they respond differently from younger subjects. Other reported clinical experience has not identified differences in responses between the elderly and younger patients. As with any patient receiving Refracto, dose selection for an elderly patient should be individualized.

As with the intravenous administration of any protein product, the following reactions may be observed after acid inactivation:

headache, fever, chills, flushing, nausea, vomiting, lethargy, or manifestations of allergic reactions. During clinical studies with Refacto<sup>®</sup> Antithrombotic Factor, 37 adverse reactions in 43 of 216 patients (20%, probably or possibly related) to therapy were reported for 64.3% (10/156) (12%). These were: anaphylaxis (1), dyspnea (6), urticaria (4), rash (4), access, calf pain, conjunctivitis (3), asthenia (3), headache (3), vasodilation (5), dizziness (5), diarrhoea (4), pneumonia, yersiniosis (2), fever (2), hyperaesthesia (2), and hypotension (2).

to be related to administration of Ret-act, the rate of infusion should not be decreased or stopped.

In addition, inhibitor development is a known adverse event associated with the treatment of patients with hemophilia A (see CLINICAL PHARMACOLOGY).

total of 182 adverse reactions in 54 of 218 patients (25%), who received 32.01% adverse reactions (0.6%), were required by the investigator to have an "unlikely" or "not assessable" relationship to Ralactin® administration. The study sponsor considered that the events may be the result of the temporal relationship to the infusion and/or the frequency of the temporal relationship to the infusion and/or because insufficient data were available to assign another causality. In this case, the events were considered to be unlikely or not assessable, which is consistent with the causality of the events described above. The events were classified as follows: (1) death (1), (2) coma (1), (3) convulsion (4), (4) ischemia (3), (5) constipation (2), (6) pharyngitis (1), (7) vomiting (1), (8) population (1), (9) shingles (1), (10) different from the events described above (1), (11) hypotension (1), (12) hyperkalemia (1), (13) hypokalemia (1), (14) hypocalcemia (1), (15) hypomagnesemia (1), (16) hypophosphatemia (1), (17) hypocalcemia (1), (18) hypocalcemia (1), (19) hypocalcemia (1), (20) hypocalcemia (1), (21) hypocalcemia (1), (22) hypocalcemia (1), (23) hypocalcemia (1), (24) hypocalcemia (1), (25) hypocalcemia (1), (26) hypocalcemia (1), (27) hypocalcemia (1), (28) hypocalcemia (1), (29) hypocalcemia (1), (30) hypocalcemia (1), (31) hypocalcemia (1), (32) hypocalcemia (1), (33) hypocalcemia (1), (34) hypocalcemia (1), (35) hypocalcemia (1), (36) hypocalcemia (1), (37) hypocalcemia (1), (38) hypocalcemia (1), (39) hypocalcemia (1), (40) hypocalcemia (1), (41) hypocalcemia (1), (42) hypocalcemia (1), 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(1), (336) hypocalcemia (1), (337) hypocalcemia (1), (338) hypocalcemia (1), (339) hypocalcemia (1), (340) hypocalcemia

Dosage and duration of treatment depend on the severity of the factor VIII deficiency, the location and extent of bleeding, and the patient's clinical condition. Doses administered should be titrated to the patient's clinical response. In the presence of an inhibitor, higher doses may be required.

One international unit (IU) of factor VIII activity corresponds approximately to the quantity of factor VIII in one mL of normal human plasma. The calculation of the required dosage of factor VIII is based upon the empirical finding that, on average, 1 IU of factor VIII per kg body weight raises the plasma factor VIII activity by approximately 2 IU/dL per IU/kg administered. The required dosage is determined using the following formula:

**Required units = body weight (kg)  
x fasting factor VIII rise (IU/dL or % of normal)  
x 0.5 (IU/kg per IU/dL)**

Type of Haemorrhage	Factor VIII Level Required (IU/L or % of normal)	Frequency of Doses (h)/Duration of Therapy (d)
Major	20-40	Repeat every 12 to 24 hours as necessary until resolved.
Minor		

Modality	30-60	At least 1 day, depending upon the severity of the hemorrhage.
Hemorrhages into muscles, Minor trauma capitis, Minor operations blocking tooth eruption, Hemorrhages into the oral cavity.	Repetal intubation every 12-24 hours for 3-4 days or until adequate local hemostasis is achieved, for tooth eruption a	

<p><b>Major</b></p> <p>Gastrointestinal bleeding, intracranial, intra-abdominal or intrathoracic hemorrhage, fractures, major operations.</p>	<p>60-100</p>	<p>single infusion plus oral antiemetic therapy within 1 hour may be sufficient.</p>
<p><b>Repeat infusion every 8-24 hours until relief is observed or in the case of surgery until adequate analgesia is achieved</b></p>		

**Precise monitoring of the replacement therapy by means of coagulation analysis (plasma factor VIII activity) is recommended, particularly for surgical intervention.**

patients clinically. Most clinical trial subjects were monitored with the one-stage clotting assay. It must be noted that the one-stage clotting assay yields results which are lower than the values obtained with the chromogenic assay (see CLINICAL PHARMACOLOGY).

for a short-term routine prophylaxis to prevent or reduce the frequency of spontaneous musculoskeletal hemorrhage in patients with thalassemia A, Refracto should be given at least twice a week, in some cases, especially pediatric patients, shorter dosages or intervals or higher doses may be necessary.

Pharmacokinetic/pharmacodynamic modeling, based on routine pharmacokinetic data from 185 infusions in 102 PFTs, predicts that a daily routine prophylaxis 3 times per week may be associated with a lower bleeding risk than with dosing twice weekly associated with a randomized comparison of different dosages or intervals.

In clinical studies for Refracto for routine prophylaxis has been administered in PFTs (ages 8–73 years) and pediatric patients (ages 9–52 months), the mean dose used for routine prophylaxis was 1.5, 10 U/kg and 5, 20 U/kg, respectively.

Patients using Refacto should be monitored for the development of factor VIII inhibitors. If expected factor VIII activity plasma levels are not attained, or if bleeding is not controlled with an appropriate dose, an assay should be performed to determine if a

# United States Patent [19]

Toole, Jr.

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[45] Date of Patent: Sep. 19, 1989

## [54] NOVEL PROCOAGULANT PROTEINS

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§ 371 Date: Apr. 11, 1986

§ 102(e) Date: Apr. 11, 1986

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PCT Pub. Date: Oct. 23, 1986

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[51] Int. Cl.<sup>4</sup> ..... C12P 21/00; C12P 21/02; C12N 15/00; C07H 15/12

[52] U.S. Cl. .... 435/68; 435/70; 435/172.3; 435/240.1; 435/240.2; 435/320; 435/948; 435/252.33; 530/383; 536/27; 514/2; 514/8

[58] Field of Search ..... 435/68, 70, 172.3, 253, 435/255, 256, 240.1, 240.2, 320; 530/383; 534/27; 935/11, 32, 34, 56, 57, 60, 70; 514/2, 8

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### [57] ABSTRACT

Novel procoagulant proteins are disclosed which comprise the amino acid sequence:

A-X-B

wherein region A represents the polypeptide sequence Ala-20 through Arg-759 substantially as shown in Table 1; region B represents the polypeptide sequence Ser-1709 through Tyr-2351 substantially as shown in Table 1; and region X represents a polypeptide sequence comprising up to 949 amino acids substantially duplicative of sequences of amino acids within the sequence SER-760 through Arg-1708 of Table 1, wherein the amino terminus of X is covalently bonded through a peptide bond designated "-" to the carboxy terminus of A, and the carboxy terminus of X is likewise bonded to the amino terminus of B. Methods of making such proteins and their use in pharmaceutical preparations is also disclosed.

12 Claims, No Drawings

## NOVEL PROCOAGULANT PROTEINS

This application is a continuation in part of U.S. Ser. No. 725,350 (filed Apr. 12, 1985), now abandoned, the contents of which are hereby incorporated by reference.

This invention relates to a novel series of proteins which exhibit procoagulant properties. These proteins have marked structural differences from human factor VIII:C, but have similar procoagulant activity.

Factor VIII:C is the blood plasma protein that is defective or absent in Hemophilia A disease. This disease is a hereditary bleeding disorder affecting approximately one in 20,000 males. The structure of factor VIII:C is described in U.S. Patent Applications Ser. Nos. 546,650 filed Oct. 28, 1983 and 644,036 filed Aug. 24, 1984, which are incorporated herein by reference and in *Nature* 312:306, 307, 326 and 342.

One of the problems presently encountered with the use of human factor VIII:C for treatment of hemophilia arises from its antigenicity. A significant percentage of hemophiliacs have developed an immune reaction to the factor VIII:C used for their treatment. Non-hemophiliacs can also develop or acquire hemophilia when their immune systems become sensitized to factor VIII:C and produce circulating antibodies or "inhibitors" to factor VIII:C. In either case, the effect is the neutralization of whatever factor VIII:C is present in the patient, making treatment very difficult. Until now, the method of choice for treating hemophiliacs with this problem has been to administer, in cases of severe bleeding episodes, non-human factor VIII:C, such as treated porcine factor VIII:C. See Kernoff et al., *Blood* 63:31 (1984). However, the antibodies which neutralize the clotting ability of human factor VIII:C will react to a varying extent with factor VIII:C of other species, and the porcine protein is itself antigenic, thus both the

short-term and long-term effectiveness of such treatment will vary.

Additionally, patients frequently display adverse reactions to infusion with the porcine factor VIII:C. The use of porcine factor VIII:C in spite of the risks has been justified because of the lack of reliably effective alternatives. Kernoff, *supra* at 38. The present invention provides an alternative to the administration of porcine factor VIII:C.

This invention provides for proteins which have procoagulant activity similar to that of factor VIII:C and also have substantially lower molecular weight. These proteins are schematically depicted by formula (1) as follows:

A-X-B

(1)

wherein A represents a polypeptide sequence substantially duplicative of the sequence Ala-20 through Arg-759; B represents a polypeptide sequence substantially duplicative of the sequence Ser-1709 through the C-terminal Tyr-2351; and X represents a polypeptide sequence of up to 949 amino acids substantially duplicative of sequences of amino acids within the sequence Ser-760 through Arg-1708. The amino terminus of region X is covalently bonded through a peptide bond (designated "." in formula 1) to the carboxy terminus of A. The carboxy terminus of region X is likewise bonded to the amino terminus of B. Numbering of amino acids throughout this disclosure is with reference to the numbering of amino acids in Table 1 in which the first amino acid, Met, of the leader sequence is assigned Number 1. Protein, domain X may comprise a continuous but shorter sequence selected from the region Ser-760 through Arg-1708. Alternatively X may comprise two or more amino acid sequences selected from that region which are covalently bonded by a peptide bond (maintaining an ascending numerical order of amino acids).

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TABLE 1-continued

Ile ATC	Ser TCG	Pro CCA	Ile ATA	Thr ACT	Ala CCT	Gln CAA	Thr ACA	Leu CTC	Leu TTG	MET ATG	Asp CAC	Leu CTT	Gly GGA	Gln CAG	324
Phe TTT	Leu CTA	Leu CTG	Phe TTT	Thr TCT	Ser TOC	His CAC	Gln CAA	His CAT	Asp GAT	Gly GGC	MET ATG	Glu CAA	Ala GCT	Tyr TAT	342
Val GTC	Lys AAA	Val GTA	Asp GAC	Ser AGC	Glu GAG	Pro CCC	Gln CAA	Leu CTA	Arg CGA	MET ATG	Lys AAA	Asn AAT	Asn AAT	Glu GAA	360
Glu GAA	Ala GCG	Glu GAA	Asp GAC	Tyr TAT	Asp GAT	Thr ACT	Asp CAT	Ser TCT	Glu GAA	MET ATG	Asp GAT	Val CTG	Val GTC	Arg AGG	378
Phe TTT	Asp GAT	Asp GAT	Asp GAC	Asn AAC	Ser TCT	Ile ATC	Gln CAA	Ile ATT	Arg CGC	Ser TCA	Val GTT	Ala GCC	Lys AAG	Lys AAG	396
His CAT	Pro CCT	Lys AAA	Thr ACT	Trp TGG	Val GTA	Ala GCT	Gln GCT	Glu GAA	Glu GAG	Glu GAG	Asp GAC	Trp TGG	Asp GAC	Tyr TAT	414
Ala GCT	Pro CCC	Leu TTA	Val GTC	Leu CTC	Ala GAC	Arg AGA	Ser AGT	Tyr TAT	Lys AAA	Ser AGT	Gln CAA	Tyr TAT	Leu TTG	Asn AAC	432
Asn AAT	Gly GOC	Pro OCT	Gln CAG	Arg CGG	Lys AAC	Tyr TAC	Lys AAA	Lys AAA	Val CTC	Arg CGA	Phe TTT	MET ATG	Ala CCA	Tyr TAC	450
Thr ACA	Asp CAT	Glu GAA	Thr ACC	Phe TTT	Arg CGT	Ala OCT	Ile ATT	Gln CAG	His CAT	Glu GAA	Ser TCA	Gly CCA	Ile ATC	Leu TTG	468
Gly GGA	Pro CCT	Leu TTA	Leu CTT	Tyr TAT	Val GTT	Gly CCA	Thr ACA	Leu CTG	Leu TTC	Ile ATT	Ile ATA	Phe TTT	Lys AAG	Asn AAT	486
Gln CAA	Ala GCA	Ser AGC	Arg ACA	Pro CCA	Tyr TAT	Tyr TAC	His CAC	Gly CGA	Ile ATC	Thr ACT	Asp CAT	Val GTC	Arg CGT	Pro CCT	504
Leu TTG	Tyr TAT	Ser TCA	Arg AGA	Arg AGA	Leu TTA	Val GTA	Lys AAA	His CAT	Leu TTG	Lys AAG	Asp GAT	Phe TTT	Pro CCA	Ile ATT	522
Leu CTG	Pro CCA	Gly GGA	Glu GAA	Ile ATA	Phe TTC	Trp TGG	Thr ACA	Val GTG	Thr ACT	Val GTA	Glu CAA	Asp CAT	Gly GGG	Pro CCA	540
Thr ACT	Lys AAA	Ser TCA	Asp GAT	Pro CCT	Arg CGG	Arg CGC	Tyr TAT	Tyr TAC	Ser TCT	Ser ACT	Phe TTC	Val GTT	Asn AAT	MET ATG	558
Glu GAG	Arg AGA	Asp GAT	Leu CTA	Ala GCT	Ser TCA	Gly CGC	Pro CCT	Leu CTC	Leu CTC	Ile ATC	Cys TGC	Tyr TAC	Lys AAA	Glu GAA	576
Ser TCT	Val GTA	Asp GAT	Gln CAA	Arg AGA	Gly GGA	Ile ATA	Ser TCA	Asp GAC	Lys AAG	Arg AGG	Asn AAT	Val GTC	Ile ATG	Leu CTG	594
Phe TTT	Ser TCT	Val GTA	Phe TTT	Asp CAT	Glu CAG	Trp TGG	Tyr TAC	Leu CTC	Thr ACA	Glu CAG	Asp AAT	Ile ATA	Gln CAA	Arg CGC	612
Phe TTT	Leu CTC	Pro CCC	Ala AAT	Pro CCA	Val GTG	Leu CTT	Gln CAG	Asp CAT	Pro CCA	Glu GAG	Phe TTC	Gln CAA	Ala GOC	Ser TOC	630

TABLE 1-continued

Asn AAC	Ile ATC	MET ATG	His CAC	Ser AOC	Ile ATC	Asn AAT	Gly GGC	Tyr TAT	Val CTT	Phe TTT	Asp CAT	Ser ACT	Leu TTG	Gln CAG	Leu TTG	Ser TCA	Val GTT	648
Cys TGT	Leu TTG	His CAT	Glu CAG	Val CTG	Ala CCA	Tyr TAC	Trp TGG	Tyr TAT	Ile ATT	Leu CTA	Ser AOC	Ile ATT	Gln CAG	Ala GCA	Gly OGA	Thr ACT	Asp CAC	666
Phe TTC	Leu CTT	Ser TCT	Val GTC	Phe TTC	Phe TTC	Ser TCT	Gly GGA	Tyr TAT	Thr ACC	Phe TTC	Lys AAA	His CAC	Val GTC	MET ATG	Lys GTC	Tyr TAT	Glu CAA	684
Asp GAC	Thr ACA	Leu CTC	Thr ACC	Leu CTA	Phe TTC	Pro CCA	Phe TTC	Ser TCA	Gly GGA	Glu CAA	Thr ACT	Val GTC	Phe TTC	MET ATG	Ser TCG	MET ATG	Glu GAA	702
Asn AAC	Pro CCA	Gly GGT	Leu CTA	Trp TGG	Ile ATT	Leu CTG	Gly GGG	Cys TGC	His CAC	Asn AAC	Ser TCA	Asp GAC	Phe TTT	Arg CGG	Asn AAC	Arg AGA	Gly CCC	720
MET ATG	Thr AOC	Ala CCC	Leu TTA	Leu CTG	Lys AAG	Val GTT	Ser TCT	Ser AGT	Cys TGT	Asp GAC	Lys AAG	Asn AAC	Thr ACT	Gly GGT	Asp GAT	Tyr TAT	Tyr TAC	738
Glu GAG	Asp GAC	Ser ACT	Tyr TAT	Glu GAA	Asp CAT	Ile ATT	Ser TCA	Ala GCA	Tyr TAC	Leu TTG	Leu CTG	Ser ACT	Lys AAA	Asn AAC	Asn AAT	Ala GOC	Ile ATT	756
Glu GAA	Pro CCA	Arg AGA	Ser ACC	Phe TTC	Ser TCC	Gln CAG	Asn AAT	Ser TCA	Arg AGA	His CAC	Pro CCT	Ser AGC	Thr ACT	Arg AGG	Gln CAA	Lys AAG	Gln CAA	774
Phe TTT	Asn AAT	Ala GOC	Thr ACC	Thr ACA	Ile ATT	Pro CCA	Glu CAA	Asn AAT	Asp GAC	Ile ATA	Glu CAT	Lys AAG	Thr ACT	Asp CAC	Pro CCT	Trp TGG	Phe TTT	792
Ala GCA	His CAC	Arg AGA	Thr ACA	Pro CCT	MET ATG	Pro OCT	Lys AAA	Ile ATA	Gln CAA	Asn AAT	Val GTC	Ser TCC	Ser TCT	Ser ACT	Asp GAT	Leu TTG	Leu TTG	810
MET ATG	Leu CTC	Leu TTG	Arg CGA	Gln CAG	Ser ACT	Pro OCT	Thr ACT	Pro CCA	His CAT	Gly GGG	Leu CTA	Ser TCC	Leu TTA	Ser TCT	Asp GAT	Leu CTC	Gln CAA	828
Glu GAA	Ala GCC	Lys AAA	Tyr TAT	Glu GAG	Thr ACT	Phe TTT	Ser TCT	Asp GAT	Asp GAT	Pro CCA	Ser TCA	Pro CCT	Gly GGA	Ala GCA	Ile ATA	Asp CAC	Ser ACT	846
Asn AAT	Asn AAC	Ser AGC	Leu CTG	Ser TCT	Glu GAA	MET ATG	Thr ACA	His CAC	Phe TTC	Arg ACC	Pro CCA	Gln CAG	Leu CTC	His CAT	His CAC	Ser ACT	Gly GGG	864
Asp GAC	MET ATG	Val GTA	Phe TTT	Thr ACC	Pro CCT	Glu GAG	Ser TCA	Gly GGC	Leu CTC	Gln CAA	Leu TTA	Arg AGA	Leu TTA	Asn AAT	Glu CAG	Lys AAA	Leu CTG	882
Gly GGG	Thr ACA	Thr ACT	Ala GCA	Glu GCA	Thr ACA	Glu GAG	Leu TTT	Lys AAG	Lys AAA	Leu CTT	Asp CAT	Phe TTC	Lys AAA	Val CTT	Ser TCT	Ser ACT	Thr ACA	900
Ser TCA	Asn AAT	Asn AAT	Leu CTG	Ile ATT	Ser TCA	Thr ACA	Ile ATT	Pro CCA	Ser TCA	Asp GAC	Asn AAT	Leu TTG	Ala GCA	Ala GCA	Gly OCT	Thr ACT	Asp CAT	918
Asn AAT	Thr ACA	Ser AGT	Ser TCC	Leu TTA	Gly GGA	Pro CCC	Pro CCA	Asp ACT	MET ATG	Pro CCA	Val GTT	His CAT	Tyr TAT	Asp CAT	Ser ACT	Gln CAA	Leu TTA	936
Asp	Thr	Thr	Leu	Phe	Gly	Lys	Lys	Ser	Ser	Pro	Leu	Thr	Glu	Ser	Gly	Gly	Pro	954

TABLE 1-continued

CAT	ACC	ACT	CTA	TTT	GGC	AAA	AAG	TCA	TCT	CCC	CTT	ACT	GAG	TCT	GGT	GCA	OCT	
Leu CTG	Ser AGC	Leu TTG	Ser ACT	Glu CAA	Glu CAA	Asn AAT	Asn AAT	Asp CAT	Ser TCA	Lys AAG	Leu TTG	Leu TTA	Glu CAA	Ser TCA	Gly OCT	Leu TTA	MET ATC	972
Asn AAT	Ser ACC	Glu CAA	Glu CA	Ser ACT	Ser TCA	Trp TGG	Gly CGA	Lys AAA	Asn AAT	Val CTA	Ser TCG	Ser TCA	Thr ACA	Glu CAG	Ser ACT	Gly CGT	Arg ACC	990
Leu TTA	Phe TTT	Lys AAA	Gly CGG	Lys AAA	Arg AGA	Ala GCT	His CAT	Gly GCA	Pro OCT	Ala OCT	Leu TTG	Leu TTG	Thr ACT	Lys AAA	Asp CAT	Asn AAT	Ala GCC	1,008
Leu TTA	Phe TTC	Lys AAA	Val GTT	Ser AGC	Ile ATC	Ser TCT	Leu TTG	Leu TTA	Lys AAG	Thr ACA	Asn AAT	Lys AAA	Thr ACT	Ser TCC	Asn AAT	Asn AAT	Ser TCA	1,026
Ala CCA	Thr ACT	Asn AAT	Arg ACA	Lys AAG	Thr ACT	His CAC	Ile ATT	Asp CAT	Gly CGC	Pro CCA	Ser TCA	Leu TTA	Leu TTA	Ile ATT	Glu GAG	Asn AAT	Ser AGT	1,044
Pro CCA	Ser TCA	Val GTC	Trp TGG	Gln CAA	Asn AAT	Ile ATA	Leu TTA	Glu GAA	Ser AGT	Asp GAC	Thr ACT	Glu CAG	Phe TTT	Lys AAA	Lys AAA	Val GTG	Thr ACA	1,062
Pro CCT	Leu TTG	Ile ATT	His CAT	Asp GAC	Arg AGA	MET ATG	Leu CTT	MET ATG	Asp GAC	Lys AAA	Asn AAT	Ala GCT	Thr ACA	Ala OCT	Leu TTC	Arg AGG	Leu CTA	1,080
Asn AAT	His CAT	MET ATG	Ser TCA	Asn AAT	Lys AAA	Thr ACT	Thr ACT	Ser TCA	Ser TCA	Lys AAA	Asn ACC	MET ATG	Glu GAA	MET ATG	Val CTC	Gln CAA	Gln CAG	1,098
Lys AAA	Lys AAA	Gln GAG	Gly GGC	Pro CCC	Ile ATT	Pro CCA	Pro CCA	Asp GAT	Ala CCA	Gln CAA	Asn AAT	Pro CCA	Asp GAT	MET ATG	Ser TCG	Phe TTC	Phe TTT	1,116
Lys AAG	MET ATG	Leu CTA	Phe TTC	Leu TTG	Pro CCA	Glu GAA	Ser TCA	Ala CCA	Arg AOC	Trp TGG	Ile ATA	Gln CAA	Arg AGG	Thr ACT	His CAT	Gly GCA	Lys AAG	1,134
Asn AAC	Ser TCT	Leu CTG	Asn AAC	Ser TCT	Gly GGG	Gln CAA	Gly GGC	Pro CCC	Ser ACT	Pro CCA	Lys AAC	Gln CAA	Leu TTA	Val GTA	Ser TCC	Leu TTA	Gly GCA	1,152
Pro CCA	Glu GAA	Lys AAA	Ser TCT	Val GTG	Glu GAA	Gly GGT	Gln CAG	Asn AAT	Phe TTC	Leu TTG	Ser TCT	Glu GAG	Lys AAA	Asn AAC	Lys AAA	Val GTG	Val GTA	1,170
Val GTA	Gly GGA	Lys AAG	Gly GGT	Gly GAA	Phe TTT	Thr ACA	Lys AAG	Asp CAC	Val GTA	Gly CGA	Leu CTC	Lys AAA	Glu GAG	MET ATG	Val CTT	Phe TTT	Pro CCA	1,188
Ser AGC	Ser AGC	Arg ACA	Asn AAC	Leu CTA	Phe TTT	Leu CTT	Thr ACT	Asn AAC	Leu TTG	Asp GAT	Asn AAT	Leu TTA	His CAT	Glu GAA	Asn AAT	Asn AAT	Thr ACA	1,206
His CAC	Asn AAT	Gln CAA	Glu CAA	Lys AAA	Lys AAA	Ile ATT	Gln CAG	Glu CAA	Glu CAA	Ile ATA	Glu GAA	Lys AAG	Lys AAG	Glu GAA	Thr ACA	Leu TTA	Ile ATC	1,224
Gln CAA	Glu GAG	Asn AAT	Val GTA	Val GTT	Leu TTG	Pro OCT	Gln CAG	Ile ATA	His CAT	Thr ACA	Val CTG	Thr ACT	Gly GGC	Thr ACT	Lys AAG	Asn AAT	Phe TTC	1,242
MET ATG	Lys AAC	Asn AAC	Leu CTT	Phe TTC	Leu TAA	Leu CTG	Ser ACC	Thr ACT	Arg AGG	Gln GAA	Asn AAT	Val GTA	Glu GAA	Gly GGT	Ser TCA	Tyr TAT	Glu GAG	1,260



TABLE 1-continued

Gly GGG	Ala GCA	Tyr TAT	Ala CCT	Pro CCA	Val GTA	Leu CTT	Gln CAA	Asp CAT	Phe TTT	Arg AGG	Ser TCA	Leu TTA	Asn AAT	Asp GAT	Ser TCA	Thr ACA	Asn AAT	1,278
Arg AGA	Thr ACA	Lys AAG	Lys AAA	His CAC	Thr ACA	Ala CCT	His CAT	Phe TTC	Ser TCA	Lys AAA	Lys AAA	Gly CGG	Glu CAG	Glu CAA	Glu CAA	Asn AAC	Leu TTG	1,296
Glu CAA	Gly GGC	Leu TTG	Gly GGA	Asn AAT	Gln CAA	Thr ACC	Lys AAG	Gln CAA	Ile ATT	Val CTA	Glu CAG	Lys AAA	Tyr TAT	Ala CCA	Cys TGC	Thr ACC	Thr ACA	1,314
Arg AGC	Ile ATA	Ser TCT	Pro CCT	Asn AAT	Thr ACA	Ser AGC	Gln CAG	Gln CAG	Asn AAT	Phe TTT	Val CTC	Thr ACA	Gln CAA	Arg CCT	Ser ACT	Lys AAG	Arg AGA	1,332
CCT	Leu TTG	Lys AAA	Gln CAA	Phe TTC	Arg AGA	Leu CTC	Pro CCA	Leu CTA	Glu GAA	Glu GAA	Thr ACA	Glu CAA	Leu CTT	Glu GAA	Lys AAA	Arg AGG	Ile ATA	1,350
Ile ATT	Val GTG	Asp GAT	Asp GAC	Thr ACC	Ser TCA	Thr AOC	Gln CAC	Trp TGG	Ser TGC	Lys AAA	Asn AAC	Met ATG	Lys AAA	His CAT	Leu TTC	Thr ACC	Pro CCG	1,368
Ser AGC	Thr ACC	Leu CTC	Thr ACA	Gln CAG	Ile ATA	Asp GAC	Tyr TAC	Asn AAT	Glu GAG	Lys AAG	Glu GAC	Lys AAA	Gly GGG	Alu GCC	Ile ATT	Thr ACT	Gln CAG	1,386
Ser TCT	Pro CCC	Leu TTA	Ser TCA	Asp GAT	Cys TGC	Leu CTT	Thr ACG	Arg AGG	Ser ACT	His CAT	Ser AGC	Ile ATC	Pro CCT	Gln CAA	Ala GCA	Asn AAT	Arg AGA	1,404
Ser TCT	Pro CCA	Leu TTA	Pro CCC	Ile ATT	Ala GCA	Lys AAG	Val GTA	Ser TCA	Ser TCA	Phe TTT	Pro CCA	Ser TCT	Ile ATT	Arg AGA	Pro CCT	Ile ATA	Tyr TAT	1,422
Leu CTG	Thr ACC	Arg AGG	Val GTC	Leu CTA	Phe TTC	Gln CAA	Asp GAC	Asn AAC	Ser TCT	Ser TCT	His CAT	Leu CTT	Pro CCA	Ala GCA	Ala GCA	Ser TCT	Tyr TAT	1,440
Arg ACA	Lys AAG	Lys AAA	Asp GAT	Ser TCT	Gly GGG	Val GTC	Gln CAA	Glu GAA	Ser AGC	Act ACT	His CAT	Phe TTC	Leu TTA	Gln CAA	Gly CGA	Ala CCC	Lys AAA	1,458
Lys AAA	Asn AAT	Asn AAC	Leu CTT	Ser TCT	Leu TTA	Ala GOC	Ile ATT	Leu CTA	Thr AOC	Leu TTG	Glu GAG	Met ATG	Thr ACT	Gly CGT	Asp CAT	Gln CAA	Arg AGA	1,476
Glu GAG	Val GTT	Gly GGC	Ser TCC	Leu CTG	Gly GGG	Thr ACA	Ser ACT	Ala GCC	Thr ACA	Asn AAT	Ser TCA	Val GTC	Thr ACA	Tyr TAC	Lys AAC	Lys AAA	Val GTT	1,494
Glu CAG	Asn AAC	Thr ACT	Val GTT	Leu CTC	Pro CCG	Lys AAA	Pro CCA	Asp GAC	Leu TTG	Pro CCC	Lys AAA	Thr ACA	Ser TCT	Gly OGC	Lys AAA	Val CTT	Glu GAA	1,512
Leu TTG	Leu CTT	Pro CCA	Lys AAA	Val GTT	His CAC	Ile ATT	Tyr TAT	Gln CAG	Lys AAG	Asp CAC	Leu CTA	Phe TTC	Pro CCT	Thr ACG	Glu GAA	Thr ACT	Ser AGC	1,530
Asn AAT	Gly CCG	Ser TCT	Pro CCT	Gly GGC	His CAT	Leu CTG	Asp GAT	Leu CTC	Val GTG	Glu CAA	Gly GGG	Ser AGC	Leu CTT	Leu CTT	Gln CAG	Gly CGA	Thr ACA	1,548
Glu GAG	Gly GGA	Ala GCG	Ile ATT	Lys AAC	Trp TGG	Asn AAT	Glu GAA	Ala CCA	Asn AAC	Arg AGA	Pro CCT	Gly CGA	Lys AAA	Val CTT	Pro CCC	Phe TTC	Leu CTG	1,566
Arg AGA	Val GTA	Ala GCA	Thr ACA	Glu GAA	Ser AGC	Ser TCT	Ala GCA	Lys AAG	Thr ACT	Pro CCC	Ser TCC	Lys AAC	Leu CTA	Leu TTG	Asp CAT	Pro CCT	Leu CTT	1,584

TABLE 1-continued

Ala GCT	Trp TGG	Asp GAT	Asn AAC	His CAC	Tyr TAT	Gly GGT	Thr ACT	Gln CAG	Ile ATA	Pro CCA	Lys AAA	Glu GAA	Glu GAG	Trp TGG	Lys AAA	Ser TOC	Gln CAA	1,602
Glu GAG	Lys AAG	Ser TCA	Pro CCA	Glu GAA	Lys AAA	Thr ACA	Ala GCT	Phe TTT	Lys AAG	Lys AAA	Lys AAG	Asp GAT	Thr ACC	Ile ATT	Leu TTG	Ser TOC	Leu CTG	1,520
Asn AAC	Ala GCT	Cys TGT	Glu GAA	Ser AGC	Asn AAT	His CAT	GCA GCA	Ile ATA	Ala CCA	Ala CCA	Ile ATA	Asn AAT	Glu GAG	Gly CGA	Gln CAA	Asn AAT	Lys AAG	1,638
Pro CCC	Glu GAA	Ile ATA	Glu GAA	Val GTC	Thr AOC	Trp TOC	Ala GCA	Lys AAG	Gln CAA	Gly CGT	Arg AGG	Thr ACT	Glu CAA	Arg AGG	Leu CTC	Cys TOC	Ser TCT	1,656
Gln CAA	Asn AAC	Pro CCA	Pro CCA	Val CTC	Leu TTC	Lys AAA	Arg COC	His CAT	Gln CAA	Arg CGC	Glu CAA	Ile ATA	Thr ACT	Arg CGT	Thr ACT	Thr ACT	Leu CTT	1,674
Gln CAG	Ser TCA	Asp GAT	Gln CAA	Glu GAG	Glu GAA	Ile ATT	Asp CAC	Tyr TAT	Asp CAT	Asp CAT	Thr ACC	Ile ATA	Ser TCA	Val GTT	Glu GAA	MET ATG	Lys AAG	1,692
Lys AAG	Glu GAA	Asp GAT	Thr TTT	Asp GAC	Ile ATT	Tyr TAT	Asp CAT	Glu GAG	Asp CAT	Glu GAA	Asn AAT	Gln CAC	Ser AGC	Pro COC	Arg COC	Ser AGC	Phe TTT	1,710
Gln CAA	Lys AAG	Lys AAA	Thr ACA	Arg CCA	His CAT	Tyr TAT	Phe TTT	Ile ATT	Ala GCT	Ala GCA	Val GTG	Glu GAG	Arg AGC	Leu CTC	Trp TGG	Asp GAT	Tyr TAT	1,728
Gly COG	MET ATG	Ser AGT	Ser AGC	TCC	Pro CCA	His CAT	Val GTT	Leu CTA	Arg AGA	Asn AAC	Arg AGG	Ala GCT	Glu GAG	Ser AGT	Gly GGC	Ser ACT	Val GTC	1,746
Pro CCT	Gln CAG	Phe TTC	Lys AAG	Lys AAA	Val GTT	Val GTT	Phe TTC	Gln CAG	Glu CAA	Phe TTT	Thr ACT	Asp GAT	Gly CGC	Ser TOC	Phe TTT	Thr ACT	Gln CAG	1,764
Pro CCC	Leu TTA	Tyr TAC	Arg CCT	Gly GGA	Glu GAA	Leu CTA	Asn AAT	Gln GAA	His CAT	Leu TTG	Gly GGA	Leu CTC	Leu CTG	Gly GGG	Pro CCA	Tyr TAT	Ile ATA	1,782
Arg AGA	Ala GCA	Glu GAA	Val GTT	Glu GAA	Asp GAT	Asn AAT	Ile ATC	MET ATG	Val GTA	Thr ACT	Phe TTC	Arg AGA	Asn AAT	Gln CAG	Ala GOC	Ser TCT	Arg CGT	1,800
Pro CCC	Tyr TAT	Ser TOC	Phe TTC	Tyr TAT	Ser TCT	Ser AGC	Leu CTT	Ile ATT	Ser TCT	Tyr TAT	Glu GAG	Glu GAA	Asp GAT	Gln CAG	Arg AGG	Gln CAA	Gly GGA	1,818
Ala GCA	Glu GAA	Pro CCT	Arg AGA	Lys AAA	Asn AAT	Phe TTT	Val GTC	Lys AAG	Pro CCT	Asn AAT	Glu GAA	Thr ACC	Lys AAA	Thr ACT	Tyr TAC	Phe TTT	Trp TGG	1,836
Lys AAA	Val CTG	Gln CAA	His CAT	His CAT	MET ATG	GCA GCA	Pro COC	Thr ACT	Lys AAA	Asp GAT	Glu GAG	Phe TTC	Asp GAC	Cys TGC	Lys AAA	Ala GOC	Trp TGG	1,854
Ala GCT	Tyr TAT	Phe TTC	Ser TCT	Asp GAT	Val GTT	Asp GAC	Leu CTG	Glu GAA	Lys AAA	Asp CAT	Val GTG	His CAC	Ser TCA	Gly GGC	Leu CTG	Ile ATT	Gly GGA	1,872
Pro COC	Leu CTT	Leu CTG	Val CTC	Cys TGC	His CAT	Thr ACT	Asn AAC	Thr ACA	Leu CTG	Asn AAC	Pro CCT	Ala GCT	His CAT	Gly COG	Arg AGA	Gln CAA	Val CTG	1,890
Thr TCT	Val CTT	Glu GAA	Glu GAA	Phe TTC	Ala GCT	Leu CTG	Phe TTC	Thr ACT	Ile ATT	Thr ACT	Phe TTC	Asp GAT	Glu GAG	Thr ACT	Lys AAA	Ser TCT	Trp TGG	1,908

TABLE 1-continued

ACA	CTA	CAG	GAA	TTT	GCT	CTG	TTT	TTC	ACC	ATC	TTT	CAT	GAG	ACC	AAA	AGC	TGG	
Thy TAC	Phe TTC	Thr ACT	Glu CAA	Asn AAT	MET ATG	Glu CAA	Arg AGA	Asn AAC	Cys TGC	Arg ACC	Ala CCT	Pro CCC	Cys TGC	Asn AAT	Ile ATC	Gln CAG	MET ATG	1,926
Glu CAA	Asp GAT	Pro CCC	Thr ACT	Phe TTT	Lys AAA	Glu CAG	Asn AAT	Thr TAT	Arg CGC	Phe TTC	His CAT	Ala GCA	Ile ATC	Asn AAT	Gly CGC	Tyr TAC	Ile ATA	1,944
MET ATG	Asp CAT	Thr ACA	Leu CTA	Pro CCT	Gly GGC	Leu TTA	Val GTA	MET ATG	Ala GCT	Gln CAG	Asp GAT	Gln CAA	Arg AGG	Ile ATT	Arg CGA	Trp TCG	Tyr TAT	1,962
Leu CTC	Leu CTC	Ser AGC	MET ATG	Gly CGC	Ser AGC	Asn AAT	Glu CAA	Asn AAC	Ile ATC	His CAT	Ser TCT	Ile ATT	His CAT	Phe TTC	Ser ACT	Gly CCA	His CAT	1,980
Val GTG	Phe TTC	Thr ACT	Val CTA	Arg CCA	Lys AAA	Lys AAA	Glu CAG	Glu GAG	Tyr TAT	Lys AAA	MET ATG	Ala GCA	Leu CTG	Tyr TAC	Asn AAT	Leu CTC	Tyr TAT	1,998
Pro CCA	Gly CGT	Val GTT	Phe TTT	Glu GAC	Thr ACA	Val GTG	Glu GAA	MET ATG	Leu TTA	Pro CCA	Ser TCC	Lys AAA	Ala GCT	Gly GGA	Ile ATT	Trp TCC	Arg CGG	2,016
Val GTG	Glu GAA	Cys TGC	Leu CTT	Ile ATT	Gly CCC	Glu GAC	His CAT	Leu CTA	His CAT	Ala CCT	Gly CGG	MET ATG	Ser AGC	Thr ACA	Leu CTT	Phe TTT	Leu CTG	2,034
Val GTG	Tyr TAC	Ser AGC	Asn AAT	Lys AAG	Cys TGT	Glu CAG	Thr ACT	Pro CCC	Leu CTG	Gly GGA	MET ATG	Ala GCT	Ser TCT	Gly GGA	His CAC	Ile ATT	Arg AGA	2,052
Asp CAT	Phe TTT	Gln CAG	Ile ATT	Thr ACA	Ala GCT	Ala Ser	Gly CGA	Gln CAA	Tyr TAT	Gly GCA	Gln CAG	Trp TGG	Ala GCT	Pro CCA	Lys AAG	Leu CTG	Ala GCC	2,070
Arg AGA	Leu CTT	His CAT	Tyr TAT	Ser TCC	Gly GGA	Ser TCA	Ile ATC	Asn AAT	Ala GCT	Trp TGG	Set AGC	Thr ACC	Lys AAG	Glu GAG	Pro CCC	Phe TTT	Ser TCT	2,088
Trp TGC	Ile ATC	Lys AAG	Val GTG	Asp CAT	Leu CTG	Leu TTG	Ala GCA	Pro CCA	MET ATG	Ile ATT	Ile ATT	His CAC	Gly GGC	Ile ATC	Lys AAG	Thr ACC	Gln CAG	2,106
Gly GGT	Ala GOC	Arg CGT	Gln CAG	Lys AAG	Phe TTC	Ser TCC	Ser AGC	Leu CTC	Tyr TAC	Ile ATC	Ser TCT	Gln CAG	Phe TTT	Ile ATC	Ile ATC	MET ATG	Tyr TAT	2,124
Ser AGT	Leu CTT	Asp GAT	Gly GGG	Lys AAG	Lys AAG	Trp TGG	Gln CAG	Thr ACT	Tyr TAT	Arg CGA	Gly GGA	Asn AAT	Ser TCC	Thr ACT	Gly CCA	Thr ACC	Leu TTA	2,142
MET ATG	Val GTC	Phe TTC	Phe TTT	Gly GGC	Asn AAT	Val CTC	Asp CAT	Ser TCA	Ser TCT	Gly CCC	Ile ATA	Lys AAA	His CAC	Asn AAT	Ile ATT	Phe TTT	Asn AAC	2,160
Pro CCT	Pro CCA	Ile ATT	Ile ATT	Ala GCT	Arg CGA	Tyr TAC	Ile ATC	Arg CGT	Leu TTG	His CAC	Pro CCA	Thr ACT	His CAT	Tyr TAT	Ser AGC	Ile ATT	Arg CGC	2,178
Ser AGC	Thr ACT	Leu CTT	Arg CGC	MET ATG	Glu GAG	Leu TTG	MET ATG	Gly CCC	Cys TGT	Asp GAT	Leu TTA	Asn AAT	Ser ACT	Cys TCC	Ser AGC	MET ATG	Pro CCA	2,196
Leu TTG	Gly GCA	MET ATG	Glu GAG	Ser AGT	Lys AAA	Ala GCA	Ile ATA	Ser TCA	Asp CAT	Ala GCA	Gln CAG	Ile ATT	Thr ACT	Ala GCT	Ser TCA	Ser TCC	Tyr TAC	2,214

[illegible]

By way of example, one compound of this invention contains a region X comprising the amino acid sequence of Ser-760 to Pro-1000 followed by the amino acid sequence of Asp-1582 to Arg-1708. That compound thus comprises the polypeptide sequence of Ala-20 to Pro-1000 covalently linked by a peptide bond to amino acids Asp-1582 to Tyr-2351. Another exemplary compound contains a region X comprising the amino acid sequence Ser-760 to Thr-778 followed by the sequence Pro-1659 to Arg-1708. That compound thus comprises the polypeptide sequence Ala-20 to Thr-778 covalently linked by a peptide bond to the sequence Pro-1659 through Tyr-2351. Still another exemplary compound contains a region X comprising the amino acid sequence Ser-760 to Thr-778 followed by the sequence Glu-1694 to Arg-1708. That compound thus comprises the polypeptide sequence Ala-20 to Thr-778 covalently linked by a peptide bond to amino acids Glu-1694 through Tyr-2351.

These exemplary compounds are depicted schematically in Table 2.

The amino acid sequence represented by X should be selected so that it does not substantially reduce the procoagulant activity of the molecule, which activity can be conveniently assayed by conventional methods. Compound (2) of Table 2 is a presently preferred embodiment.

The procoagulant protein may be produced by appropriate host cells transformed by factor VIII:C DNA which has been specifically altered by use of any of a variety of site-specific mutagenesis techniques which will be familiar to those of ordinary skill in the art of recombinant DNA.

The starting materials may be a DNA sequence which codes for the complete factor VIII:C molecule, e.g., the complete human factor VIII:C as shown in Table 1, a truncated version of that sequence, or it may comprise segments of that DNA sequence, so long as the starting materials contain at least sufficient DNA to code for the amino acid sequences of the desired polypeptide.

TABLE 2

EXEMPLARY COMPOUNDS A-X-B			
Compound	Amino Acid Sequence	X	Deletion
(human factor VIII:c)	(Ala <sub>20</sub> →Tyr <sub>2351</sub> )	(Ser <sub>760</sub> →Arg <sub>1708</sub> )	0
1	(Ala <sub>20</sub> →Pro <sub>1000</sub> )—(Asp <sub>1582</sub> →Tyr <sub>2351</sub> )	(Ser <sub>760</sub> →Pro <sub>1000</sub> )—(Asp <sub>1582</sub> →Arg <sub>1708</sub> )	581
2	(Ala <sub>20</sub> →Thr <sub>778</sub> )—(Pro <sub>1659</sub> →Tyr <sub>2351</sub> )	(Ser <sub>760</sub> →Thr <sub>778</sub> )—(Pro <sub>1659</sub> →Arg <sub>1708</sub> )	880
3	(Ala <sub>20</sub> →Thr <sub>778</sub> )—(Glu <sub>1694</sub> →Tyr <sub>2351</sub> )	(Ser <sub>760</sub> →Thr <sub>778</sub> )—(Glu <sub>1694</sub> →Arg <sub>1708</sub> )	915

A and B are as defined, supra; "—" represents a peptide bond; "→" indicates a polypeptide sequence inclusive of the specified amino acids; amino acid numbering corresponds to the numbering of the sequence depicted in Table 1; and "deletion" indicates the number of amino acids deleted relative to human factor VII:c.

The procoagulant proteins of the present invention, in addition to lacking a substantial amino acid segment of human factor VIII:C, also have fewer potential N-glycosylation sites than human factor VIII. Preferably, at least one N-glycosylation site has been deleted. More preferably, 18 of the 25 potential N-glycosylation sites are not in the molecule. In still more preferred embodiments, up to 19 of the 25 potential N-glycosylation sites are removed. While not wishing to be bound by theory, it is presently believed that the antibodies to factor VIII:C which are directed to antigenic determinants contained in the protein segment deleted in accordance with this invention, i.e., in the amino acid segment itself or in the carbohydrate portion of the glycosylated protein, will not neutralize the procoagulant proteins of

the present invention. Moreover, the fact that the procoagulants of the present invention lack many of the sites for non-human glycosylation by the non-human mammalian or other cells used to produce the proteins is also believed to reduce the antigenicity of that protein, and lessen the likelihood of developing antibodies to the procoagulants. This may enable facilitating the treatment of patients in need of procoagulant therapy.

I contemplate that my compounds can be produced by recombinant DNA techniques at a much lower cost than is possible for production of human factor VIII. The host organisms should more efficiently process and express the substantially simpler molecules of this invention.

The compounds of this invention can be formulated into pharmaceutically acceptable preparations with parenterally acceptable vehicles and excipients in accordance with procedures known in the art.

The pharmaceutical preparations of this invention, suitable for parenteral administration, may conveniently comprise a sterile lyophilized preparation of the protein which may be reconstituted by addition of sterile solution to produce solutions preferably isotonic with the blood of the recipient. The preparation may be presented in unit or multi-dose containers, e.g. in sealed ampoules or vials. Their use would be analogous to that of human factor VIII, appropriately adjusted for potency.

One method by which these proteins can be expressed is by use of DNA which is prepared by cutting a full-length factor VIII:C DNA with the appropriate restriction enzymes to remove a portion of the DNA sequence that codes for amino acids 760 to 1708 of human factor VIII:C. The cut DNA is then ligated with an oligonucleotide that resects the cut DNA and maintains the correct translational reading frame.

Preparation of the cDNA has been set forth in detail in U.S. patent applications Ser. Nos. 546,650 and 644,086, supra. A pSP64 recombinant clone containing the nucleotide sequence depicted in Table 1, designated as pSP64-VIII, is on deposit at the American Type

Culture Collection under Accession Number ATCC 39812.

Restriction endonucleases are used to obtain cleavage of the human factor VIII:C cDNA, hereinafter the DNA source sequence, at appropriate sites in the nucleotide sequence. Unless otherwise noted, restriction endonucleases are utilized under the conditions and in the manner recommended by their commercial suppliers. The restriction endonucleases selected herein are those which will enable one to excise with substantial specificity sequences that code for the portion of the factor VIII:C molecule desired to be excised. BamHI and SacI are particularly useful endonucleases. However, the skilled artisan will be able to utilize other restriction

endonucleases chosen by conventional selection methods. The number of nucleotides deleted may vary but care should be taken to insure that the reading frame of the ultimate cDNA sequence will not be affected.

The resulting DNA fragments are then purified using conventional techniques such as those set forth in Maniatis et al., *Molecular Cloning, A Laboratory Manual* (Cold Spring Harbor Laboratory 1982) the disclosure of which is incorporated herein by reference, and *Proc. Natl. Acad. Sci.* 76:615-619 (1979). The purified DNA is then ligated to form the sequence encoding the polypeptide of the preferred invention. When necessary or desirable, the ligation may be within an oligonucleotide that respects the cut DNA and maintains the correct translational reading frame using standard ligation conditions. Ligation reactions are carried on as described by Maniatis et al., supra at 2453-6 using the buffer described at page 246 thereof and using a DNA concentration of 1-100 ug/ml, at a temperature of 23° C. for blunt ended DNA and 16° C. for "sticky ended" DNA. The following double-stranded oligonucleotide is useful when there is BamHI/SacI deletion such as described infra,

5'-P-CATGGACCG-3'

3'-TCGAGTACCTGGCCTAG 5';

but other oligonucleotides can be selected by the skilled artisan depending upon the deletions made and reaction conditions.

The DNA sequences encoding the novel procoagulant polypeptides can, in addition to other methods, be derived from the sequence of human factor VIII:C DNA by application of oligonucleotide-mediated deletion mutagenesis, often referred to as "loopout" mutagenesis, as described for example in Morinaga, Y. et al. *Biotechnology*, 636-639 (1984).

The new DNA sequences containing the various deletions can then be introduced into appropriate vectors for expression in mammalian cells. The procoagulant activity produced by the transiently transfected or stably transformed host cells may be measured by using standard assays for blood plasma samples.

The eukaryotic cell expression vectors described herein may be synthesized by techniques well known to those skilled in this art. The components of the vectors such as the bacterial replicons, selection genes, enhancers, promoters, and the like may be obtained from natural sources or synthesized by known procedures. See Kaufman et al., *J. Mol. Biol.*, 159: 51-521 (1982); Kaufman, *Proc. Natl. Acad. Sci.* 82: 689-693 (1985).

Established cell lines, including transformed cell lines, are suitable as hosts. Normal diploid cells, cell strains derived from in vitro culture of primary tissue, as well as primary explants (including relatively undifferentiated cells such as haematopoietic stem cells) are also suitable. Candidate cells need not be genotypically deficient in the selection gene so long as the selection gene is dominantly acting.

The host cells preferably will be established mammalian cell lines. For stable integration of the vector DNA into chromosomal DNA, and for subsequent amplification of the integrated vector DNA, CHO (Chinese hamster ovary) cells are presently preferred. See U.S. Pat. No. 4,399,216. Alternatively, the vector DNA could include all or parts of the bovine papilloma virus genome (Lusky et al., *Cell*, 36: 391-401 (1984) and be carried in cell lines such as C127 mouse cells as a stable

episomal element. Other usable mammalian cell lines include HeLa, COS-1 monkey cells, melanoma cell lines such as Bowes cells, mouse L-929 cells, 3T3 lines derived from Swiss, Balb-c or NIH mice, BHK or HaK hamster cells lines and the like.

Stable transformants then are screened for expression of the procoagulant product by standard immunological or enzymatic assays. The presence of the DNA encoding the procoagulant proteins may be detected by standard procedures such as Southern blotting. Transient expression of the procoagulant genes during the several days after introduction of the expression vector DNA into suitable host cells such as COS-1 monkey cells is measured without selection by enzymatic or immunologic assay of the proteins in the culture medium.

The invention will be further understood with reference to the following illustrative embodiments, which are purely exemplary, and should not be taken as limiting the true scope of the present invention, as described in the claims.

#### EXAMPLE 1

10 ug. of the plasmid pACE, a pSP64 (Promega Biotech, Madison, Wis.) derivative, containing nucleotides 562-7269 of human factor VIII:C cDNA (nucleotide 1 is the A of the ATG initiator methionine codon) was subjected to partial BamHI digestion in 100 ul containing 50 mM Tris.HCl pH 8.0, 50 mM MgCl<sub>2</sub>, and 2.4 units BamHI (New England Biolabs) for 30 minutes at 37° C. The reaction was terminated by the addition of EDTA to 20 mM and then extracted once with phenol, once with chloroform, ethanol precipitated and pelleted by centrifugation. DNA was redissolved, cleaved to completion in 50 ul using 40 units SacI for 1.5 hours at 37° C. DNA was then electrophoresed through a buffered 0.6% agarose gel. An 8.1 kb fragment corresponding to the partial BamHI-SacI fragment of pACE lacking only the sequence corresponding to nucleotides 2992-4774 of the factor VIII:C sequence was purified from the gel using the glass powder technique described in *Proc. Nat. Acad. Sci.* 76: 615-619 (1979). Purified DNA was ligated with 100 pmoles of the following double-stranded oligonucleotide

5'-P-CATGGACCG-3'

3'-TCGAGTACCTGGCCTAG 5'

using standard ligation conditions. The DNA sequence removed represents the deletion of 584 amino acid sequence beginning with amino acid 998 and continuing through 1581. The oligonucleotide inserted, however, encodes amino acids corresponding to 998-1000. Therefore, the polypeptide encoded contains deletion of 581 amino acids.

DNA was then used to transform competent *E. coli* bacteria, and DNA from several ampicillin resistant transformants was analyzed by restriction mapping to identify a plasmid harboring the desired SacI-BamHI deletion mutant. DNA from this plasmid was digested to completion with KpnI, which cleaves the plasmid uniquely at nucleotide 1816 of the factor VIII:C coding sequence. This DNA was ligated with a KpnI DNA fragment containing nucleotides 1-1815 of factor VIII:C DNA and a synthetic SalI site at nucleotides -11 to -5 and then used to transform competent *E. coli* bacteria.

Plasmid DNA was isolated and oriented by restriction mapping to identify a plasmid, pBSdK, containing the correct 5' to 3' orientation of the KpnI insert. SalI digestion, which excises the entire polypeptide coding region from the plasmid, was performed and the DNA electrophoresed through a buffered 0.6% agarose gel. The 5.3 Kb SalI fragment was purified from the gel as described above. This DNA fragment was ligated with XhoI cut pXMT2 DNA to give rise to plasmid pDGR-2. pXMT2 is a plasmid capable of expressing heterologous genes when introduced into mammalian cells such as the COS-1 African Green Monkey kidney cell line, and is a derivative of the expression vectors described in Kaufman, supra at 689-93. The expression elements are the same as described for plasmid pQ2 except that it contains a deletion of the adenovirus major late promoter extending from -45 to +156 with respect to the transcription start site of the adenovirus major late promoter. mRNA expression in pXMT is driven by the SV40 late promoter. The bacterial replicon, however, has been substituted to render bacteria containing the vector resistant to ampicillin rather than tetracycline. pXMT2 contains a unique Xho I site at a position which allows for expression of inserted cDNA from the SV40 late promoter. This Xho I site is convenient for inserting factor VIII:C cDNA constructs since these are flanked by SalI sites.

Restriction mapping of transformants identified a plasmid, pDGR-2, containing the correct 5' to 3' orientation of the polypeptide coding sequence relative to the direction of transcription from the SV40 late promoter. pDGR-2 is on deposit at the American Type Culture Collection under Accession number 53100.

#### EXAMPLE 2

Other novel procoagulant proteins may be obtained from constructs produced by oligonucleotide mediated deletion mutagenesis, using for example the "loopout" mutagenesis techniques as described in Morinaga et al., supra. The deletion mutagenesis is performed using expression plasmid pDGR-2 or any other appropriate plasmid or bacteriophage vector. Other methods for oligonucleotide mediated mutagenesis employing single stranded DNA produced with M13 vectors and the like are also suitable. See Zoller et al., *Nucl. Acids Res.* 10: 648-6500 (1982). For example, these deletions can be produced using the oligonucleotides

(A) 5'  
AAAAGCAATTTAATGCCACCCAC-  
CAGTCTTGAAACGCCA

(B) 5'  
AAAAGCAATTTAATGCCACC-  
GAAGATTGTGACATTTATGA

to cause deletions in factor VIII:C cDNA from nucleotides (A) 2334 to 4974 or (B) 2334 to 5079. The proteins encoded by these constructs contain deletions of (A) 880 and (B) 915 amino acids relative to Factor VIII:C.

The deleted constructs are tested directly, or after subcloning into appropriate expression vectors, in order to determine if the novel proteins possess procoagulant activity. Procoagulant activity was assayed as described in Examples 3 and 4.

#### EXAMPLE 3

Expression of Procoagulant Molecules in COS Monkey Cells The expression plasmids containing the modified cDNA's prepared as in Examples 1 or 2 and the

full-length cDNA, pXMT-VIII, were introduced into COS-1 cells via the DEAE-dextran transfection protocol. Sompayrac and Dana 1981, *Proc. Natl. Acad. Sci.* 78: 7575-7578. Conditioned media was harvested 48 hours post-transfection and assayed for factor VIII-type activity as described in Toole et al., 1984, *Nature* 312:342-347. The results of the experiment are summarized in Table 3. Both plasmids containing the modified cDNAs yielded procoagulant activity and, moreover, the activity was greater than that obtained using wild type cDNA. From these data it was concluded that removal of up to 880 amino acids (95,000 daltons) in a defined domain of human factor VIII does not destroy cofactor activity. Furthermore, these abridged procoagulant proteins retain their ability to be activated by thrombin.

TABLE 3

plasmid	# amino acids deleted	chromogenic activity (mUml <sup>-1</sup> )	Clotek activity	
			-IIa	+IIa (fold)
No DNA	—	0	—	—
pXMT-VIII	—	15:1	—	450
pDGR-2	581	114	250	5750 (23X)
pLA-2	880	162	330	9240 (28X)

The plasmids indicated were transfected into COS cells and 48 hr. post-transfection the conditioned media taken for assay by the Kabi Coatest factor VIII:C method (chromogenic activity) and by the one-stage activated partial thromboplastin time (APTT) coagulation assay (Clotek activity) using factor VIII:C deficient plasma as described (Toole, *Nature* 1984). For thrombin (IIa) activation, samples were pretreated 1-10 min, with 0.2 units/ml thrombin (IIa) at room temperature. Activation coefficients are provided in parentheses. Activity from media from the wild-type (pXMT-VIII) transfection was too low to directly measure Clotek activity before thrombin activation. From other experiments where the wild type factor VIII activity was concentrated, it was demonstrated to be approximately 30-fold activatable.

#### EXAMPLE 4

Expression of Procoagulant Molecules in CHO Cells

(A) Expression of pDGR-2

The procoagulant expression vector containing a deletion (relative to the Factor VIII:C cDNA) of 581 amino acids (pDGR-2) was transfected with plasmid pAdD26SV(A)#3 (10 ug pDGR-2:1 ug pAdD26SV(A)#3) by CaPO<sub>4</sub> coprecipitation CHO DHFR deficient cells (DUKX-B11) and transformants isolated and grown in increasing concentrations of MTX as described by Kaufman et al., (1985). One transformant designated J1 exhibited the following activities as a function of resistance to increasing concentrations of MTX.

uM MTX	mUnits/ml/day/10 <sup>6</sup> cells*
0	1.46
0.02	322
0.1	499

(B) Expression of pLA-2

The procoagulant expression vector containing a deletion of 880 amino acids (pLA-2) was introduced into CHO DHFR deficient cells (DUKX-B11, Chasin and Urianb, PNAS 77: 4216-4220, 1980 by protoplast fusion as described (Sandri-Goldin et al. Mol. Cell. Biol. 1: 743-752). After fusion, fresh medium containing 100 ug/ml of kanamycin, and 10 ug/ml of each of thymidine, adenosine, deoxyadenosine, penicillin, and streptomycin and 10% dialyzed fetal calf serum was added to each plate. The kanamycin was included to prevent the growth of any bacteria which had escaped conversion to protoplasts. Four days later the cells were subcultured 1:15 into alpha-media with 10% dialyzed fetal calf serum, penicillin, and streptomycin, but lacking the nucleosides. Colonies appeared after 10-12 days after subculturing cells into selective media. A group of 8 transformants were pooled and grown in sequentially increasing concentrations of MTX starting at 0.02 uM with steps to 0.1, 0.2, and 1.0 uM MTX (LA 3-5 cells; ATCC No. CRL 10/01). Results of factor VIII-type activity in cells resistant to increasing concentrations of MTX is shown below.

uM MTX	mUnits/ml/day/10 <sup>6</sup> cells*
0	16
0.02	530
0.2	1170
1.0	1890

\*Factor VIII activity was determined by the Kabi Coatest factor VIII:C method (chromogenic activity).

What is claimed is:

1. A recombinant DNA which upon expression results in a truncated Factor VIII protein which is an active procoagulant wherein the recombinant DNA encodes for a protein having the amino acid sequence of a human Factor VIII:C except for having a deletion corresponding to at least 581 amino acids within the region between Arg-759 and Ser-1709, wherein the

amino acid numbering is with reference to Met-1 of the human Factor VIII:C leader sequence.

2. The recombinant DNA of claim 1 wherein the deletion corresponds to the region between Pro-1000 and Asp-1582.

3. The recombinant DNA of claim 1 wherein the deletion corresponds to the region between Thr-778 and Pro-1659.

4. The recombinant DNA of claim 1 wherein the deletion corresponds to the region between Thr-778 and Glu-1694.

5. A genetically engineered mammalian host cell containing, and capable of expressing, DNA of claim 1.

6. A genetically engineered mammalian host cell containing, and capable of expressing, DNA of claim 2.

7. A genetically engineered mammalian host cell containing, and capable of expressing, DNA of claim 3.

8. A genetically engineered mammalian host cell containing, and capable of expressing, DNA of claim 4.

9. A method for producing a truncated Factor VIII:C protein which is an active procoagulant having the amino acid sequence of a human Factor VIII:C but lacking at least 581 amino acids of the region between Arg-759 and Ser-1709 which comprises producing a genetically engineered mammalian host cell of claim 5 and culturing said host cell under condition permitting expression of the protein.

10. A truncated human Factor VIII:C protein which is an active procoagulant protein having a peptide sequence of human Factor VIII:C but lacking a peptide region selected from the group consisting of:

- (a) the region between Pro-1000 and Asp-1582;
- (b) the region between Thr-778 and Pro-1659; and,
- (c) the region between Thr-778 and Glu-1694.

11. A pharmaceutical preparation for the treatment of Hemophilia A comprising a sterile preparation containing an effective amount of a protein of claim 9, in admixture with a pharmaceutically accepted carrier.

12. A method for treating Hemophilia A comprising administering to a patient a pharmaceutical preparation of claim 11.

\* \* \* \* \*



UNITED STATES PATENT AND TRADEMARK OFFICE  
**CERTIFICATE OF CORRECTION**

PATENT NO. : 4,868,112  
DATED : Sep. 19, 1989  
INVENTOR(S) : John J. Toole, Jr.

It is certified that error appears in the above-identified patent and that said Letters Patent is hereby corrected as shown below:

In column 1, between lines 7 and 8 (before the second paragraph), insert the following:

-- This invention was made with Government support under DHHS grant S R44 HL35946-03 awarded by the NIH. The Government has certain rights under the invention. --.

Signed and Sealed this  
Third Day of November, 1992

Attest:

DOUGLAS B. COMER

Attesting Officer

Acting Commissioner of Patents and Trademarks

\*\*\* APPLICATION INFORMATION DISPLAY \*\*\*

04/27/00 15:31

DETAIL

CONTENTS:

SC/SN: 07/010085  
 FILDT: 04/11/86  
 PATNO: 4868112 PUBNO: I103215  
 ISSDT: 09/19/89 PUBDT: 00/00/00  
 ABNDT: 00/00/00 PGPUB CL/SC: / .  
 APPL: TOOLE  
 LOC: 4300 LOCDT: 09/09/99 BATNO: 000  
 CHG-LOC: IE TEAM: 00 ISSNO: 38  
 CHGTO-NAME: NO NAME FOUND  
 TOT ACT: 05 STATUS: 174 STADT: 01/05/94  
 RESP CD: MISC START DT: 07/23/93 DUE DT: 10/25/93  
 EXMR NO/NAME: 68940/SISSON, BRADLEY L  
 DOCKET DATE: 07/23/93 GAU: 1655 L R CD: 01  
 ATTY DOCK #: 5031-A-PCT LOST N LOST DT 00/00/00  
 APPLN TYPE: 1 TYPE SM ENT: 0 UNMAT PET: N  
 CURR CL/SC: 435/069.600 FOR PRIOR CL: N PET FAOM:  
 TITLE OF INVENTION: UNAVAIL FOR ACTION: N PP UNAVAIL:  
 NOVEL PROCOAGULANT PROTEINS

INFORMATION:

27 DOCK D 02/17/00  
 26 DOCK D 09/18/99  
 25 DOCK D 04/16/99  
 24 DOCK D 11/15/97  
 23 DOCK D 10/05/96  
 22 I.D. O 01/05/94  
 21 CTIN E 07/29/93  
 20 MAIL O 07/23/93  
 19 CTMS O 07/23/93  
 18 DOCK D 07/23/93  
 17 N423 C 09/29/92  
 16 PGM/ O 12/13/89  
 15 N084 B 07/20/89  
 14 N/=. N 04/18/89  
 13 CNTA A 04/14/89  
 12 EXIN O 03/28/89  
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END OF DISPLAY

TO DISPLAY CONTENTS: PUSH SEND

Patent Maintenance Fees - Public Inquiry

Patent#: 4868112 Filed: 04/11/86 Issued: 09/19/89 Serial#: 07010085  
Status: 12th Year Fee Window Opens: 09/19/00 Sml Entity: NO  
Window Opens: 09/19/00 Surchg Due: 03/19/01 Expiration: 09/19/01  
Fee Amt Due:\$ 2910 Surchg Amt Due:\$ Total Amt Due:\$ 2910  
Fee Code: 185 Surchg Code:  
Title: NOVEL PROCOAGULANT PROTEINS

Address For Fee Purposes:  
BRUCE M. EISEN  
GENETICS INSTITUTE, INC.  
87 CAMBRIDGE PARK DRIVE  
CAMBRIDGE MA 02140

Most Recent Significant Events:

03/19/97 Payment of Maintenance Fee, 8th Year, Large Entity  
03/25/93 Payor Number Assigned  
03/15/93 Payment of Maintenance Fee, 4th Year, Large Entity  
03/15/93 Last Event On Maintenance History

**Chronological Record of Genetics Institute's and Pharmacia & Upjohn's ReFacto<sup>®</sup>  
Antihemophilic Factor (Recombinant) [r-VIII SQ] BB-IND 5348 Submissions**

<b>Date of Submission (mm-dd-yy)</b>	<b>IND Serial No.</b>	<b>Summary of Contents</b>
11-30-93	000	ReFacto Hemophilia A IND Original Submission
03-23-94	001	Relocation Of Kabi Pharmacia
04-08-94	002	Clarification Requested Of 3-11-94 Clinical Hold Letter
05-03-94	003	Response To First 4 Comments Of Clinical Hold Letter
05-10-94	004	Mink SI Focus Induction Assay
06-22-94	005	Mouse Antibody Production Assay
07-06-94	006	Separation/Inactivation Of Murine Xenotropic Retrovirus
07-21-94	007	Final Report: Process Validation Of Removal Or Inactivation Of Murine Xenotropic Retrovirus From Spiked Material
09-06-94	008	Request For FDA Meeting And Proposed Agenda
10-19-94	009	Minutes From 9-23-94 Meeting With FDA
10-31-94	010	Response To 3-14-94 FDA Questions-Requests For Information
11-01-94	011	Response To 3-14-94 FDA Questions/Request For Information
11-09-94	012	Response To FDA Questions
11-17-94	013	Notification Of Update Of Master File For Production Of Bulk Purified 8a4 MAB
12-02-94	014	Response To FDA Request For Information: PTP Surgery And PUP Protocols
12-07-94	015	Clinical Development Plan
12-14-94	016	Proposed Agenda For 12-21-94 Meeting

<b>Date of Submission (mm-dd-yy)</b>	<b>IND Serial No.</b>	<b>Summary of Contents</b>
12-14-94	017	Differences In European And U.S. Phase III Study Protocols For PTP, PUP, Surgery Studies
12-19-94	018	Master Schedule For Viral Testing Used During Production Of R-VIII SQ
02-01-95	019	Minutes Of 12-21-94 Meeting With FDA
02-15-95	020	Lab Tests For Safety Assessments In PUPs
02-16-95	021	Response To CMC Questions
02-20-95	022	CMC Data For Method D Product
03-02-95	023	Update Of Equipment And Facilities Portions Of The Cell Culture And Purification Process Sections Of The IND
03-09-95	024	Revised PTP Protocol 93-R831-013
03-30-95	025	Revised PUP Protocol 93-R833-019
04-11-95	026	Discussion Of Significance Of Production Doubling Number
05-18-95	027	Revised PTP, PUP and Surgery Protocols 93-R831-013, 93-R833-019 and 93-R832-020
07-31-95	028	New Investigators Revised CIB
08-01-95	029	Correction Of Misidentification Of Formulations Used In Various Protocols
09-05-95	030	Changes In PTP Surgery And PUP Protocols 93-R831-013 93-R833-019 and 93-R832-020
09-12-95	031	New Investigators
09-19-95	032	Final Draft Of Protocol For 3-Way Crossover PK Study Ctn 95-R811-057
11-01-95	033	New Investigators
12-05-95	034	Clinical Bibliography Map Assay, PK Reports 9496117 and 9496118

<b>Date of Submission (mm-dd-yy)</b>	<b>IND Serial No.</b>	<b>Summary of Contents</b>
01-05-96	035	New Investigators
02-07-96	036	Protocol For 3-Way Crossover PK Study 95-R811-057
02-29-96	037	New Investigators
04-01-96	038	New Investigators
04-25-96	039	New Investigators
06-11-96	040	Revision In 3-Way PK Protocol CTN 95-R811-057
06-26-96	041	Transfer Of Ownership From Pharmacia To Pharmacia And Upjohn Company
07-08-96	042	Annual Report
07-01-96	043	New Investigators
07-17-96	044	Revision In Surgery Protocol 93-R831-013, New Investigators
08-16-96	045	Revision In PUP Protocol 93-R833-019, New Investigators
09-03-96	046	Safety Report: Hematoma
09-05-96	047	Safety Report: Inhibitor Development
09-26-96	048	Proposal For BLA Containing Modified Patient Numbers And Demographics
11-19-96	049	New Investigators, 36-Mo Stability Info, Method C
11-25-96	050	Safety Report: Inhibitor Development
12-31-96	051	New Investigators
01-31-97	052	Safety Report: Anaphylaxis
01-31-97	053	Fax Re: 10-Day Safety Report
03-05-97	054	Non-Evaluability Of PK Data From Protocols 93-R831-013 And 93-R833-019

<b>Date of Submission (mm-dd-yy)</b>	<b>IND Serial No.</b>	<b>Summary of Contents</b>
03-12-97	055	Safety Report: Acute Renal Failure
04-07-97	056	Tox Data (Paravenous And Intra-arterial Tolerance Study In The Beagle Dog)
05-20-97	057	Annual Report
05-30-97	058	Investigator Information And Updated Stability
06-06-97	059	Response To Questions
07-01-97	060	Change In Investigator Site
09-03-97	061	10-Day Safety Report: Inhibitor
09-15-97	062	10-Day Safety Report: Inhibitor
10-21-97	063	Follow-Up To Amendments 061 And 062
11-06-97	064	Transfer of IND Ownership (P&U Letter)
11-06-97	065	Transfer of IND Ownership (GI Letter)
11-07-97	066	Request For Meeting
12-03-97	067	Pre-Meeting Materials
01-15-98	068	Raw Material Sourcing Information requested by the FDA
03-25-98	069	Clinical Labeling Revision
05-08-98	070	Clinical Labeling Revision
05-27-98	071	IND Safety Report (15-Day)
08-27-98	072	IND Safety Report (15-Day)
09-11-98	073	IND Safety Report (15-Day) follow-up
10-01-98	074	1997 IND Annual Report
10-05-98	075	IND Safety Report (15-Day) follow-up

<b>Date of Submission (mm-dd-yy)</b>	<b>IND Serial No.</b>	<b>Summary of Contents</b>
10-20-98	076	IND Safety Report (15-Day)
10-22-98	077	Clinical Labeling Revision
11-05-98	078	Information Amendment: Chemistry, Manufacturing and Controls
11-20-98	079	Information Amendment: Chemistry, Manufacturing and Controls
12-04-98	080	IND Safety Report (15-Day)
02-26-99	081	IND Safety Report (15-Day)
03-12-99	082	IND Safety Report (15-Day)
03-25-99	083	IND Safety Report (15-Day)
03-26-99	084	IND Safety Report (15-Day)
04-20-99	085	IND Safety Report (15-Day)
05-06-99	086	IND Safety Report (15-Day)
11-24-99	087	IND Safety Report
11-29-99	088	IND Safety Report
01-27-00	089	IND Safety Report (15-Day)
01-31-00	090	1998 IND Annual Report



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**Chronological Record of Genetics Institute's , ReFacto<sup>®</sup> Antihemophilic Factor  
(Recombinant) [r-VIII SQ] Biologics License Application Submissions (Ref. No. 98-0137)**

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<b>Date of Submission (mm-dd-yy)</b>	<b>BLA Serial No.</b>	<b>Summary of Contents</b>
02-02-98	000	Biologics License Application, ReFacto <sup>®</sup> Antihemophilic Factor (Recombinant) [r-VIII SQ]
07-10-98	001	Response to FDA Questions Dated May 15, 1998
09-18-98	002	CMC Information
10-26-98	003	Response to Request for Draft Labeling
11-10-98	004	Response to Requests for Additional Information
12-08-98	005	Revised Draft Package Insert
12-08-98	006	Response to FDA Request for Data
12-15-98	007	Response to Request for Revisions to Draft Labeling
12-24-98	008	CMC Information
12-24-98	009	CMC Information
01-05-99	010	CMC Information
01-14-99	011	Revision to Draft Vial Label
02-08-99	012	Notice of Intent to File Amendment
04-02-99	013	Teleconference Record
04-06-99	014	Company Responses to FDA Complete Response Letter
05-13-99	015	Company Responses to FDA Complete Response Letter
06-04-99	016	Company Responses to FDA Complete Response Letter
06-16-99	017	CMC Information
06-21-99	018	Request for Meeting
06-24-99	019	Draft Vial and Carton Labels

<b>Date of Submission (mm-dd-yy)</b>	<b>BLA Serial No.</b>	<b>Summary of Contents</b>
07-08-99	020	CMC Information
07-13-99	021	Pre Meeting Package
08-04-99	022	Communication Authorization HPB-FDA
09-24-99	023	Request for meeting
10-14-99	024	Pre-meeting Materials
10-28-99	025	Meeting Agenda and Participants
11-09-99	026	Draft Vial and Carton Labels
11-10-99	027	Ethylene Glycol Specification Request and Updated Active Substance Specific Activity Specification
11-16-99	028	Follow-up Data Requested By CBER During Prophylaxis Indication Meeting
11-17-99	029	Responses to Questions Received from CBER on October 12, 1999
11-22-99	030	Meeting Package
11-24-99	031	Virus Removal Validation Data for HSA
12-20-99	032	Minor updates to CMC information
12-21-99	033	CMC Information
01-27-00	034	Draft Package Insert
01-28-00	035	Draft Summary Basis for Approval
02-16-00	036	Revised Labeling: Draft Package Insert
02-29-00	037	Final Surgery Report
02-29-00	038	Post-licensure commitments
03-02-00	039	Post-licensure commitments

<b>Date of Submission (mm-dd-yy)</b>	<b>BLA Serial No.</b>	<b>Summary of Contents</b>
03-02-00	040	Revised Labeling: Draft Package Insert
03-03-00	041	Prophylaxis Surgery Study Commitment
03-03-00	042	Revised Labeling: Draft Package Insert
03-06-00	043	Revised Labeling: Draft Package Insert
03-06-00	044	Prophylaxis Study Commitment

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**Chronological Record of Genetics Institute's Significant FDA Meetings concerning  
ReFacto® Antihemophilic Factor (Recombinant) [r-VIII SQ]**

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<b>Date of Meeting (mm-dd-yy)</b>	<b>FDA Contact</b>	<b>Summary</b>
12-10-97	CBER	Pre-BLA Meeting
11-23-98	CBER	Discussion of the ReFacto Assay
12-11-98	Blood Products Advisory Committee	ReFacto Overview
07-22-99	CBER	Prophylaxis Indication
11-04-99	CBER	ReFacto and US Sourced HSA/ReFacto from the Modified Process

CBER = Center for Biologics Evaluation and Research

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**Chronological Record of Genetics Institute's and Pharmacia & Upjohn's  
Submissions to Office of Orphan Products Development, FDA, concerning Orphan  
Drug Status for ReFacto<sup>®</sup> Antihemophilic Factor (Recombinant) [r-VIII SQ]**

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<b>Date of Submission (mm-dd-yy)</b>	<b>Summary of Contents</b>
12-14-94	Minutes of 11-21-94 Orphan Drug meeting
11-20-95	Request for Orphan Drug Designation [granted 02-08-96]
02-15-96	Response to FDA request for information
10-22-96	Request for a meeting
04-25-97	Annual Report
11-12-97	Transfer of Ownership of Orphan Drug Designation
04-23-98	1997 Annual Report
08-20-98	Orphan Drug considerations relating to ReFacto <sup>®</sup>
09-18-98	Fax containing documentation of shortages of FVIII
11-24-98	Fax of 12-10-98 Blood Products Advisory Committee Meeting to discuss ReFacto and recommendations #83 and #89 of the Medical and Scientific Advisory council of the National Hemophilia Foundation
11-25-98	Recall of Alphanate
11-30-98	Fax of Draft Orphan Drug Section in BPAC Pre-meeting package
12-17-98	Recall of Koate
01-06-99	Hold of Kogenate in Canada
01-22-99	Log of GI-Bayer contacts concerning cross licensing of hemophilia A products
02-24-00	1998-99 Annual Report
02-29-00	Letter requesting marketing exclusivity
02-28-00	Amendment to Orphan Drug Designation

**Chronological Record of Genetics Institute's Significant FDA Telephone Contacts  
Concerning ReFacto® Antihemophilic Factor (Recombinant) [r-VIII SQ]**

<b>Date (mm-dd-yy)</b>	<b>FDA Contact</b>	<b>Purpose</b>
12-16-97	T. Lachenbruch	Pre-BLA Meeting Follow-up re Electronic data
02-06-98	M. Padgett	Additional Copies of SAS Data Sets
03-24-98	M. Serabian	Extent of Preclinical data on file
05-15-98	A. Chang	CMC Questions
07-01-98	C. Cary	Manufacturing Schedules for P&U
07-01-98	A. Chang	Nature of FDA Concern re: HSA Sourced From European Donors
07-17-98	R. Darius	Clarification of BLA Number
07-21-98	A. Chang	ReFacto IND Annual Report Extension
07-23-98	A. Chang	Response to 7/21 Questions
08-04-98	A. Chang	Set up the appropriate assays for ReFacto
08-10-98	B. Darius	Information promised on 7/17/98
08-31-98	A. Chang	Ground transportation
09-04-98	S. Donahoe	Inquiry into status of petition of August 20 to OPD regarding orphan drug considerations affecting ReFacto
09-10-98	A. Chang	Fax from P&U regarding arrangements
09-17-98	A. Chang	Inspection Issues
09-18-98	A. Chang	Expect Clinical and additional CMC BLA Review Questions
09-22-98	L. Wood	Chromogenic Assay
09-24-98	M. Padgett	Follow up requests from Mary Padgett
09-25-98	R. Darius	Arrangements for P & U Facility Inspection
10-01-98	R. Darius	Production Schedule for P&U Inspection

<b>Date (mm-dd-yy)</b>	<b>FDA Contact</b>	<b>Purpose</b>
11-03-98	S .Donahoe	Inquiry into status of petition of August 20 to OPD regarding orphan drug considerations affecting Refacto
11-13-98	A. Chang	90:1 to 90:2 Ratios
11-17-98	M. Padgett	Request for additional clinical volume 1 copies, BPAC details, date to discuss vial/carton labels
11-24-98	A. Chang	BPAC, Orphan Drug, HSA Sourcing issues
11-30-98	J. McCormick	Inquiry concerning McCormick's presentation at upcoming BPAC re ReFacto and Kogenate exclusivity
12-01-98	M. Padgett	ReFacto vial and carton labels
12-03-98	R. Pierce	Matched Pair Analyses for BPAC
12-04-98	A. Chang	Data Comparing Potency of 37 batches
12-07-98	Dr. Green	Summary of 12-04-98 conversation
12-07-98	J. McCormick	Second Inquiry concerning McCormick's presentation at upcoming BPAC re ReFacto and Kogenate exclusivity
12-08-98	R. Pierce	SAS data listings
12-17-98	J. McCormick	Inquiry concerning date certain for Bayer's response to OPD concerning shortages
12-23-98	A. Chang	Amendments to BLA
01-01-99	A. Chang	ReFacto licensing items
01-11-99	M. Padgett	ReFacto Labeling
01-19-99	M. Padgett	ReFacto Labeling- Vial Peel Off
01-20-99	M. Padgett	ReFacto Labeling- Vial Peel Off
01-21-99	S. Risso	Comparability Protocol for New Facility
01-25-99	J. Eltermann	Suite A E.coli to CHO and ReFacto St. Louis

<b>Date (mm-dd-yy)</b>	<b>FDA Contact</b>	<b>Purpose</b>
01-25-99	J. Eltermann	Suite A E.coli to CHO and ReFacto St. Louis
01-26-99	A. Chang	ReFacto Licensing Issues
01-27-99	J. McCormick	Request for teleconference call on Friday Jan 29
03-26-99	P. Aebersold	Clarification of Question 7, pt. number 45-132 of the Complete Response Letter
04-06-99	M. Padgett	Prophylaxis questions for Complete Response Letter
04-12-99	A. Chang	Feedback on Plasma Sourcing Submission
05-18-98	A. Chang	Fax re: HSA sourcing issues
05-28-99	M. Padgett	Feedback on 5/18/99 fax to Andrew Change re: HSA sourcing
06-03-99	M. Weinstein	Follow up clarification re: HSA
06-08-99	M. Padgett	Restart of review clock, prophylaxis meeting with FDA
06-14-99	D. Parshall	Conformance Lots
06-14-99	M. Padgett	Fax: HSA Teleconference materials
06-15-99	T. Lynch	Teleconference: Review of GI's fax (6/14/99) on HSA Options
06-18-99	A. Chang	ReFacto HSA Sourcing
06-22-99	M. Padgett	Shipment of Vials for Ethylene Glycol Testing
07-15-99	M. Padgett	ReFacto prophylaxis indication meeting, attendees, pre-meeting package
07-19-99	A. Chang	Double Pasteurized Albumin & ReFacto Diluent
09-20-99	M. Padgett	Extension of IND annual report until end of December 1999
10-07-99	M. Padgett	BLA Review Comments
10-12-99	M. Padgett et al	FDA clinical questions from 10-12-99 teleconference
10-15-99	K. Towns	Request for additional vials for conformance lot testing



<b>Date (mm-dd-yy)</b>	<b>FDA Contact</b>	<b>Purpose</b>
10-20-99	A. Chang	Fax: Fill areas shared with albumin
10-27-99	A. Chang	Conformance Lot Information
10-28-99	M. Padgett	CBER Attendees for ReFacto US sourced HSA, ReFacto Plus meeting
11-05-99	A. Chang	HSA/ReFacto+ Meeting Summary
11-10-99	M. Padgett	Request for Meeting, Medical Policy Coordination Committee
11-10-99	M. Padgett	Second set of Conformance lots
11-16-99	M. Padgett	Follow-up on Meeting Request
11-23-99	A. Chang	Confirming HSA Submission
11-23-99	A. Chang	Follow-up HSA
11-24-99	A. Chang	Fax: ICH Residual Solvent Guideline
11-24-99	A. Chang	Ethylene glycol testing
11-30-99	M. Padgett	Major Amendment Letter
12-15-99	M. Padgett	Resolution of HSA Issue / Conformance Lots
12-23-99	J. Capen	Extension of IND annual report until end of January 2000
01-11-00	A. Chang	Specifications and other CMC information
01-27-00	M. Padgett	ReFacto PI draft proposed revision for negotiation with FDA
01-28-00	M. Padgett	ReFacto Summary of Basis for Approval draft proposed revision for negotiation with FDA
02-09-00	M. Padgett	ReFacto PI negotiation licensing issues
02-11-00	M. Padgett et al	ReFacto PI negotiation
02-16-00	M. Padgett	ReFacto PI submission date, post licensing commitments, exemption from lot release
02-17-00	M. Padgett	Additional color copies of ReFacto PI

<b>Date (mm-dd-yy)</b>	<b>FDA Contact</b>	<b>Purpose</b>
02-22-00	M. Padgett	Schedule teleconference for PI negotiation
02-25-00	M. Padgett et al	ReFacto PI negotiation
02-28-00	M. Padgett et al	ReFacto PI negotiation
03-02-00	M. Padgett	Revised ReFacto package insert
03-03-00a	M. Padgett	Revised commitment letter for ReFacto
03-03-00b	M. Padgett	Revised package insert for ReFacto BLA 98-0137.042
03-06-00	M. Padgett et al	ReFacto PI negotiation

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re U.S. Patent No. 4,868,112 )  
 )  
Issued: September 19, 1989 )  
 )  
To: John J. Toole, Jr. )  
 )  
Assignee: Genetics Institute, Inc. )  
 )  
For: NOVEL PROCOAGULANT )  
PROTEINS )

**BOX PATENT EXT.**  
**Assistant Commissioner for Patents**  
**Washington, D.C. 20231**

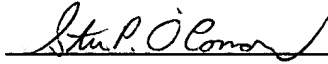
Sir:

**CERTIFICATION**

I, STEVEN P. O'CONNOR, do hereby certify that this accompanying application for extension of the term of U.S. Patent 4,868,112 under 35 U.S.C. § 156 including its attachments and supporting papers is being submitted as one original and four (4) copies thereof.

Respectfully submitted,

FINNEGAN, HENDERSON, FARABOW,  
GARRETT & DUNNER, L.L.P.

By:   
Steven P. O'Connor  
Reg. No. 41,225

Date: May 4, 2000

PATENT  
Atty. Docket No.: 01142.0130

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re U.S. Patent No. 4,868,112 )  
 Issued: September 19, 1989 )  
 To: John J. Toole, Jr. )  
 Assignee: Genetics Institute, Inc. )  
 For: NOVEL PROCOAGULANT )  
 PROTEINS )

**BOX PATENT EXT.**  
**Assistant Commissioner for Patents**  
**Washington, D.C. 20231**

**Sir:**

**DECLARATION ACCOMPANYING APPLICATION UNDER  
35 U.S.C. § 156 FOR EXTENSION OF PATENT TERM**

**I, STEVEN P. O'CONNOR, do hereby declare:**

I am a patent attorney authorized to practice before the United States Patent and Trademark Office and I have been appointed as an attorney by the patent Assignee, Genetics Institute, Inc., with regard to this application for extension of the term of U.S. Patent No. 4,868,112 and to transact all business in the U.S. Patent and Trademark Office in connection therewith.

I have reviewed and understand the contents of the accompanying application  
being submitted pursuant to 37 C.F.R. § 1.740.


**I believe that the patent is subject to extension pursuant to 37 C.F.R. § 1.710.**

I believe an extension of the length claimed is justified under 35 U.S.C. § 156 and applicable regulations.

I believe the patent for which the extension is being sought meets the conditions for extension of the term of a patent as set forth in 37 C.F.R. § 1.720.

Respectfully submitted,

FINNEGAN, HENDERSON, FARABOW,  
GARRETT & DUNNER, L.L.P.

By:   
Steven P. O'Connor  
Reg. No. 41,225

Date: May 4, 2000